

Community Hospital East

Indianapolis, IN



APPLICATION
FOR
“IN THE ACS VERIFICATION PROCESS”
LEVEL III TRAUMA CENTER
DESIGNATION



Community
Health Network

Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

William C. VanNess II, M.D. — Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "in the ACS Verification Process" Level III Trauma Center designation.

Indiana State Trauma Care Committee (ISTCC):

Community Hospital East is pleased to submit the attached application packet for consideration to be designated an "In the ACS Verification Process" Level III Trauma Center. Our Trauma Team has worked diligently to provide the ISTCC and the Indiana EMS Commission with complete documentation supporting our designation request.

Community Hospital East has been an integral part of the Marion County Trauma system for many years. The documents included in the attached submission demonstrate a strong commitment by our entire staff; including our Board-certified Emergency Physicians, General Surgeons, Orthopedic Surgeons and Neurosurgeons. We will work together to pursue opportunities for improvement and continue to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

Respectfully,

Scott Teffeteller
President
Community Hospital East

Bahjat Chabenne
Trauma Medical Director

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS" LEVEL III TRAUMA CENTER STATUS

Part of State Form 55271 (5-13)

Hospitals that wish to apply for status as an "in the ACS verification process" Level III Trauma Center must provide sufficient documentation for the Indiana Emergency Medical Services Commission to conclude that your hospital complies with each of the following requirements:

1. **A Trauma Medical Director** who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Trauma Medical Director must be dedicated to one hospital.
2. **A Trauma Program Manager**: This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of sixteen (16) hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients.
3. **Submission of trauma data to the State Registry**: The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within thirty (30) days of application and at least quarterly thereafter.
4. **A Trauma Registrar**: This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager.
5. **Tiered Activation System**: There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program.
6. **Trauma Surgeon response times**: Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee.
7. **In-house Emergency Department physician coverage**: The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients.
8. **Orthopedic Surgery**: There must be an orthopedic surgeon on call and promptly available twenty four (24) hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS"
LEVEL III TRAUMA CENTER STATUS (*continued*)

9. **Neurosurgery**: The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be approved by the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director.
10. **Transfer agreements and criteria**: The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.
11. **Trauma Operating room, staff and equipment**: There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services twenty four (24) hours per day. The application must also include a list of essential equipment available to the OR and its staff.
12. **Critical Care physician coverage**: Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage twenty four (24) hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage twenty four (24) hours a day.
13. **CT scan and conventional radiography**: There must be twenty four (24) hour availability of CT scan and conventional radiography capabilities. There must also be a written letter of commitment from the hospital's Chief of Radiology.
14. **Intensive care unit**: There must be an intensive care unit with patient/nurse ratio not exceeding 2:1 and appropriate resources to resuscitate and monitor injured patients.
15. **Blood bank**: A blood bank must be available twenty four (24) hours per day with the ability to type and crossmatch blood products, with adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients.
16. **Laboratory services**: There must be laboratory services available twenty four (24) hours per day.
17. **Post-anesthesia care unit**: The post-anesthesia care unit (PACU) must have qualified nurses and necessary equipment twenty four (24) hours per day. Documentation for this requirement must include a list of available equipment in the PACU.
18. **Relationship with an organ procurement organization (OPO)**: There must be written evidence that the hospital has an established relationship with a recognized OPO. There must also be written policies for triggering of notification of the OPO.

APPLICATION FOR "IN THE ACS VERIFICATION PROCESS"
LEVEL III TRAUMA CENTER STATUS (continued)

19. **Diversion policy**: The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than five percent (5%) of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.
20. **Operational process performance improvement committee**: There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.
21. **Nurse credentialing requirements**: Briefly describe credentialing requirements for nurses who care for trauma patients in your Emergency Department and ICU.
22. **Commitment by the governing body and medical staff**: There must be separate written commitments by the hospital's governing body and medical staff to establish a Level III Trauma Center and to pursue verification by the American College of Surgeons within one (1) year of this application and to achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status. Further, the documentation provided must include recognition by the hospital that if it does not pursue verification within one (1) year of this application and/or does not achieve ACS verification within two (2) years of the granting of "in the ACS verification process" status that the hospital's "in the ACS verification process" status will immediately be revoked, become null and void and have no effect whatsoever.



Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
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Medical Staff Officers

2014-2015

President of Staff	Charles Scott Vore, M.D.
Vice Chair/President	Charles Platz, M.D.
Treasurer	Andrea Haller, M.D.
Credentials Chair	Jeremy Gagan, M.D.
P&T Chair	Fred Frick
Director, Emergency Medicine	Kevin Trappe, M.D.
Anesthesia Section Rep	Charles Scott Vore, M.D.
Radiology Section Rep	Catherine Kurowski, M.D.
Surgery Section Rep	Bahjat Chabenne, M.D.
Medical Director of Pathology	Anjali Godambe, D.O.
Director of Critical Care	George Elias, M.D.



**APPLICATION FOR HOSPITAL TO BE DESIGNATED
"IN THE ACS VERIFICATION PROCESS"**
State Form 55271 (5-13)



Date submitted (month, day, year)
June 30, 2014

APPLICANT INFORMATION

Legal name

Community Hospital East

Mailing address (number and street, city, state, and ZIP code)

1500 North Ritter Avenue, Indianapolis, IN 46219

Business telephone number

24-hour contact telephone number

Business fax number

CHIEF EXECUTIVE OFFICER INFORMATION

Name

Scott Teffeteller

Title

President

Telephone number

E-mail address

TRAUMA PROGRAM MEDICAL DIRECTOR INFORMATION

Name

Bahjat Chabenne, M.D.

Title

Trauma Medical Director

Telephone number

E-mail address

TRAUMA PROGRAM MANAGER INFORMATION

Name

Kristi Croddy, RN, BSN, CEN

Title

Trauma Program Manager

Telephone number

E-mail address

TRAUMA LEVEL BEING REQUESTED (check one)

☐ LEVEL I

☐ LEVEL II

☒ LEVEL III

ATTESTATION

In signing this application, we are attesting that all of the information contained herein is true and correct and that we and the applicant hospital agree to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission regarding our status.

Signature of chief executive officer

Printed name

Scott Teffeteller

Date (month, day, year)

6/30/2014

Signature of trauma medical director

Printed name

Bahjat Chabenne, M.D.

Date (month, day, year)

6/30/2014

Signature of trauma program manager

Printed name

Kristi Croddy, RN, BSN, CEN

Date (month, day, year)

6/30/2014

INSTRUCTIONS: Address each of the attached in narrative form

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 1

TRAUMA MEDICAL DIRECTOR

"1. A Trauma Medical Director: who is Board-Certified, or Board-Eligible, or an American College of Surgeons Fellow. This is usually a general surgeon who participates in trauma call and is current in Advanced Trauma Life Support (ATLS). The Medical Director must be dedicated to one hospital."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of Section 1 are met with:

1. A letter from Bahjat Chabenne, M.D., FACS; Community Hospital East Trauma Medical Director.
2. Role summary of the Trauma Medical Director.
3. ATLS Certificate – Dr. Chabenne is registered for ATLS on August 1st-2nd. Documentation confirming certification of ATLS will be provided to the ISTCC prior to the August 8th, 2014 meeting.
4. Dr. Chabenne's CV.
5. Copy of Dr. Chabenne's CME for 2012-2014.



Community Hospital East
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Indianapolis, Indiana 46219-3095
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June 17, 2014

William C. VanNess II, M.D.-Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "In the ACS Verification Process" for Level III Trauma Center Designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Trauma Medical Director. I am pleased to support Community Hospital East's effort to complete the "In the Process" Level III Trauma Center requirements. We will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

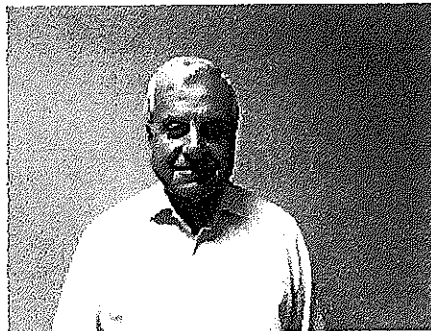
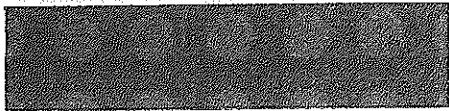
Our Trauma surgeons rotate call to be promptly available twenty-four hours per day. We are committed to responding to the highest level of activation within thirty minutes of the patient's arrival. Response times will be continuously evaluated through the hospital's Performance Improvement and Patient Safety (PIPS) program.

In acquiring the ATLS Certification requirement of the Medical Director, I plan to take the certification course at Duke University in Durham, North Carolina on the 1st-2nd of August.

Respectfully,

A handwritten signature in black ink, appearing to read "Bahjat Chabenne".

Bahjat Chabenne, M.D., FACS
Trauma Medical Director



Dr. Chabenne Named Trauma Medical Director at Community East

In order to keep pace with a competitive, value-driven healthcare environment, it is imperative that CHNw and Community Hospital East proactively seek opportunities to improve the care we provide our patients. The pursuit to designate Community Hospital East as a verified Trauma Center by The American College of Surgeons will allow our hospital to expand its services while maintaining the excellent care we provide our patients across all service lines.

We are very pleased to name Dr. Chabenne as the Trauma Medical Director at Community Hospital East. Dr. Chabenne has an extensive amount of education and surgical experience, both abroad and within the U.S. He joined Community Health Network many years ago, and has demonstrated excellence as a surgeon in attaining status as Fellow of the American College of Surgeons, as well as a Fellow of The Royal Society of Medicine in the U.K. Dr. Chabenne's strong background as a surgeon and as a leader will benefit both Community Hospital East and the Network as we seek new opportunities to serve our community. Please join us in welcoming Dr. Chabenne to his new role.



The American Board of Surgery

1617 John F. Kennedy Boulevard, Suite 860, Philadelphia, Pennsylvania 19103-1847
(215) 568-4000 FAX: (215) 563-5718 www.absurgery.org

The American Board
of Surgery, Inc.
Incorporated 1937

September 27, 2013

ABS Candidate #:

Bahjat S. Chabenne, M.D.

EXAM ADMISSIBILITY EXPIRATION: June 30, 2017

CERTIFICATION EXPIRATION: July 1, 2001

Dear Dr. Chabenne:

The American Board of Surgery has received your correspondence dated September 18, 2013 stating that you would like to withdraw from the Recertification in Surgery Examination to be held December 2, 2013 through December 14, 2013. You are also required to contact the PearsonVUE testing center and cancel your examination with them.

Since you withdrew from this examination more than fifteen (15) business days prior to the first day of the examination window (i.e. December 2, 2013) we will refund the examination fee in the amount of \$880.00. However, it is our policy *not* to refund the processing fee (\$220) for the examination because all processing has been completed.

Since your Admissibility Expiration date shown above has not expired, we will send you an announcement letter in June for the next Recertification in General Surgery Examination.

Please keep the Board updated of any change in your mailing address.

Thank you,

Imani T. Foster
Examination Coordinator

/itf

Enclosure

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Executive Director

Jo Buyske, M.D.
Associate Executive Director
Director of Evaluation

Mark A. Malangoni, M.D.
Associate Executive Director

Robert S. Rhodes, M.D.
Associate Executive Director
for Vascular Surgery

Thomas W. Biester
Director of Psychometrics &
Data Analysis

Jessica A. Schreder
Operations Manager

James F. Fiore
Information Technology Manager

Christine D. Shiffer
Communications Manager

Gabriel L. Bevilacqua, Esq.
General Counsel

CURRICULUM VITAE

Date and Place of Birth: October 10, 1937; Lebanon

Premedical Education : College Notre Dame June 1956
 Jamhour, Lebanon Graduates with
 Honors and first
 Prize award

Medical Education: French Faculte' of Medicine 1956 -- 1963
 Beirut, Lebanon

M.D. Degree awarded, June 30, 1963 after
completion of one year of internship at
St. Joseph's Hospital, Beirut, Lebanon

Post-Graduate Education: United Kingdom

House Surgeon September 30, 1964
Dorset County Hospital to July 13, 1965
Dorchester, Dorset, England

Senior House Officer July 14, 1964
Casualty Department January 13, 1965
Weymouth and District
Hospital, Weymouth, England

Full-time Course for Primary February 1, 1965
Fellowship October 1, 1965
Royal College of Surgeons
London, England

Senior House Officer January 1966 to
Orthopedic Department June 1966
County Hospital
Winchester, England

Post-Graduate Education:

Senior House Officer General Surgery Heatherwood Hospital Ascot, England	July 1966 to December 1966
United States	
Full Residency Program General Surgery Marion County General Hospitals, Indianapolis, IN	March 1967 to June 1971
Chief Surgery Resident Marion County General Hospital Indianapolis, IN	July 1, 1970 to June 30, 1971
Preceptor Fellowship in Pulmonary Disease Marion County General Hospital Indianapolis, IN	October 1971 to October 1971
Staff Physician Department of Surgery and Pulmonary Disease Marion County General Hospital Indianapolis, IN	1972 – 1973
Gastrointestinal Endoscopy Training Dr. Hiromi Shinya Mt. Sinai Hospital New York, N.Y.	1981

Degrees and Memberships: Medical Doctor

French Faculty of Medicine
Beirut – Lebanon June 1963

Fellow Royal College of Surgeons of England
Part one London U.K. 1966 (by examination)

Fellow Royal College of Surgeons of Edinburgh
Part two Edinburgh U.K. 1974 (by examination)

Diplomate American Board of Surgery 1977

Recertification American Board of Surgery 1990

Fellow American College of Surgeons 1978

Fellow American College of Chest Physicians 1974

Member of the Society of American Gastrointestinal
Endoscopic Surgeons (SAGES) 1993

Fellow of The Royal Society of Medicine 2011 (by invitation)
London, United Kingdom

ECFMG Full-Certificate
September 1965

Flex Examination 1972

Chairman Department of Surgery
Community Hospitals of Indianapolis
March 1986 to 1988
March 1989 to March 1991

Member Department of General Surgery
Community Healthnetwork Indianapolis, IN
March 1976 till present

Clinical Assistant Professor
Marian University Indianapolis
College of Osteopathic Medicine

Community Health Network (Corporate)

06/09/14

3:19 pm

CME Credits by Provider

Bahjat S. Chabenne, M.D. 887

Description	Category	Accredited By	From	To	Hours
Special Conference					
Special Conference: Daniel Zisner PhD		Community Health Netwc	04/30/2012	04/30/2012	1.50
Community Care Connect (Epic)					
Care Connect Training 100/250 Surgery		Community Health Netwc	06/24/2012	06/24/2012	7.50
Community Care Connect (Epic)					
EpicCare Inpatient Surgeon 100		Community Health Netwc	07/28/2012	07/28/2012	4.00
Community Care Connect (Epic)					
EpicCare Surgical Speciality Surgeon 200		Community Health Netwc	08/09/2012	08/09/2012	4.00
American College of Surgeons					
Am Col of Surg		American College of Surg	10/01/2012	10/04/2012	24.50
American College of Surgeons					
Am Col of Surg lectures/sessions		Community Health Netwc	10/07/2013	10/10/2013	30.00
Medical Grand Rounds					
Medical Grand Rounds East		Community Health Netwc	01/14/2014	01/14/2014	1.00

Total CME Credit Hours 72.50

Accredited by American College of Surgeons total

Accredited by Community Health Network total

Local category No Value Specified total hours -> 72.50

HR USE ONLY

Position Code: 005063

Employee Type: Salary

Effective Date: March 2014

Developed By:

HR Consultant: S Percy

TITLE: Trauma Medical Director

DEPARTMENT AND COST CENTER: Trauma Program – 67803

ROLE OVERVIEW: The Trauma Medical Director is responsible for the ongoing development, growth and oversight/authority of the Trauma Program. He/she must be able to demonstrate effective interpersonal skills and an understanding of the interdependent roles of various allied health professions. The Trauma Medical Director is responsible for promoting high standards of practice through development of trauma policies, protocols and practice guidelines; participating in rigorous performance improvement monitoring; staff education and trauma research. He/she has authority to act on all trauma performance improvement and administrative issues and critically review trauma deaths and complications that occur within the hospital. Decisions affecting the care of trauma patients will not be made without the knowledge, input and approval of the Trauma Medical Director.

REQUIRED EXPERIENCE: Three years clinical experience in emergency/trauma care Two years administrative experience preferred

REQUIRED EDUCATION: Medical Doctor, Board Certified Surgeon

REQUIRED LICENSE: Current license to practice medicine in the State of Indiana
Current certification in Advanced Trauma Life Support

PREREQUISITE SKILLS:

- Member in good standing of the hospital medical staff
- Ability to establish and maintain effective interpersonal relationships
- Ability to accept and implement change

- Ability to problem solving make decisions
- Demonstrated history of positive collegial relations with colleagues, support staff, hospital-based providers, administrators and patients. Identify what skills are necessary to do this job; e.g., typing WPM

SKILLS TESTING:

Identify any skills testing that is required for the position, e.g., typing, filing, data entry, grammar, basic math, etc.

REPORTS TO:

VP of Clinical Performance / President of Medical Staff / Executive Vice President

SUPERVISES:

None

ESSENTIAL FUNCTIONS:

Administration:

- Participate in the research, development and writing of trauma policies, protocols and practice guidelines.
- Implement all trauma program policies and procedures as they pertain to patient care.
- Organize, direct and integrate the trauma program with all other departments and services within the hospital.
- Promote a cooperative and collaborative working environment among the clinical disciplines involved in trauma care.
- Maintain an effective working relationship with the medical staff, trauma service staff, administration and other departments.
- Provide advice and direction in recommending privileges for the trauma service.
- Participate in trauma program marketing activities.
- Establish a physician case management process that fosters cost-effective, high quality patient care.
- Assesses need for equipment, supplies, budget
- Assist the Trauma Program Manager in developing and meeting the trauma program budgetary goals.
- Oversee, participate in and develop projects that ensure the cost-effectiveness of care provided by physicians and hospital.

Program Initiatives:

- Lead efforts to develop and maintain a trauma center.
- Collaborate with the Trauma Program Manager to establish trauma program goals and objectives consistent with those of the hospital and ensure that those of the trauma program are being met.

- Develop and provide input on the development and maintenance of practice guidelines, policies and methodologies for medical/surgical trauma care.
- Participate in site review by regulatory agencies.
- Organize, direct and implement departmental practices to assure continued compliance with applicable laws including the guidelines established by the Statewide Trauma System and the Joint Commission on Accreditation of Hospitals.
- Demonstrate positive interpersonal relationship with colleagues, referral MDs, hospital personnel, and patients/families in order to achieve maximum operational effectiveness and customer satisfaction.
- Assure transfer agreements in place and in good standing; maintain relationship with receiving facilities, foster collaborative relationship.
- Make appropriate referrals for specialty services and communicate regularly with referring physician as appropriate.
- Ensure that adequate attending physician availability is provided to render care to trauma patients.
- Ensure establishment of physician/surgeon call schedules for all trauma care, excluding those who do not meet educational and credentialing requirements.
- Provide trauma care leadership and consultation for emergency, surgery and intensive care unit departments.
- Participate in regional and statewide activities affecting the trauma program.
- Attend local and national meetings and conferences to remain current regarding issues relevant to the performance of duties.
- Demonstrate consistent, efficient, cost effective and quality trauma care at all times.
- Participate in trauma patient/family satisfaction projects as developed by hospital.

Performance Improvement:

- Determine and implement PI activities appropriate to the trauma program.
- Oversee the trauma PI program and participate in other quality initiatives that deal with the care of injured patients.
- Review and investigate all trauma PI inquiries in collaboration with the Trauma Program Manager and refer to the appropriate committees.
- Monitor compliance with trauma treatment guidelines, policies and protocols.
- Assure that the quality and appropriateness of patient care are monitored and evaluated and that appropriate actions based on findings are taken on a consistent basis.
- Report quality of care issues promptly to appropriate individuals, including Trauma Program Manager and hospital administration.
- Identify and correct deficiencies in trauma care policies, guidelines and protocols.
- Consult with appropriate medical staff and administration regarding quality care issues and adverse outcomes; identify areas to improve patient care.
- Assure that continuum of care is maintained.
- Identify representatives from various disciplines appropriate to participate in PI activities.
- Coordinate, schedule and facilitate the PI peer review process.
- Review all trauma-related peer review and initiate action as necessary.
- Assist the Trauma Program Manager in evaluating the effectiveness of corrective actions resulting from PI processes.
- Assume responsibility for the accuracy and validity of trauma statistics.

Clinical Education:

- Support the requirements for trauma CME by participating and assisting in the education and training of hospital personnel physicians and specialists.
- Provide education for hospital staff regarding trauma program policies and appropriate medical practices.

Community Outreach:

- Maintain relations with community organization and legislative bodies whose activities relate to trauma care and injury prevention
- Participate in hospital outreach activities as may be requested by administration.
- Develop and participate in trauma community education and injury prevention activities.
- Function as a liaison to other hospitals within the region.

Knowledge and Skill:

- Lead the hospital in program development.
- Analyze and interpret complicated information.
- Determines a course of action based on research, data, standards of care and general guidelines/protocols.
- Communicate effectively with a wide variety of intra- and inter-facility staff and administration using both oral and written communication.
- Possess critical thinking, analytical, teaching/coaching and research skills.
- Maintains the privacy and security of protected health information (PHI), the confidentiality of all information, and conducts all aspects of patient care charting, billing and all operations within the system in a professional and ethical manner in accordance with Federal, State, and HRHS rules and regulations.
- Maintain required CME's

PHYSICAL/ENVIRONMENTAL**REQUIREMENTS:**

Please see check list

Knowledge/Physical Requirements**WORK-PLACE ACTIVITIES***

* Frequencies based on DOT (Dictionary of Occupational Titles) standard frequencies

Activity	Never 0% of the day 0 per day 0	Occasional 1-33% of day 1-66 per day 1 per 15 min.	Frequent 34-66% of day 67-200 per day 1 per 5 min.	Constant 67-100% of day 200 plus per day 1 per 30 sec.
Standing			x	
Sitting		x		
Walking			x	
Bending			x	

Forward					X	
Sideways					X	
Climbing			X			
Grasping			X			
Pushing (Carts, wheelchairs, etc)			X			
Pulling (Carts, wheelchairs, etc)			X			
Twisting at waist			X			
Work above shoulders			X			
Repetitive arm movement			X			
Reaching			X			
Overhead:			X			
Forward:			X			
Side:			X			
Rear:			X			
Squatting			X			
Kneeling			X			
Crawling			X			
Wrist & Forearm			X			
Pronation / Supination			X			
Nondependent patient transfers			X			
Dependent patient transfers			X			
May drive between worksites			X			

Lifting and Carrying	Never	Occasional	Frequent	Constant
Under 10 lbs			X	
10-20 lbs		X		
20-30 lbs		X		
30-40 lbs		X		

Role Summary Questionnaire for access to CareConnect

1. Will this role need access to CareConnect (EPIC)? YES

If no, you do not need to answer any other questions.

If yes, will read-only access be sufficient? NO

If no, please indicate why not: This position is an MD that may give care to the trauma patients

2. Is there an existing role in the network that is similar to this role? YES

If yes, what is that role and what is different with this new role? Medical Director of Chest Pain Center.
This is over Trauma instead of Chest Pain

3. Will access to view the clients full Social Security Number be necessary? NO

If yes, please explain the reasons:

4. Please indicate the areas in the Network that this employee will be working:

- a. Ambulatory Setting (ie clinic, doctors office, hospital based clinic) No

Please indicate if it will involve any of these activities:

Front desk No

Billing: physician hospital No

Direct patient care Yes

- b. Inpatient Setting

Please indicate if it will involve any of these activities:

Bed planning No

Direct patient care Yes

- c. Surgery

Please indicate if it will involve any of these activities:

Scheduling No

Charging No

- d. Emergency Department Yes

- e. Radiology

Please indicate if it will involve any of these activities:

front desk No

billing: physician hospital No

direct patient care Yes

- f. Home Health No

NOTE: If we need additional details or need a person to review the testing of the Security Template for CareConnect access, whom may we contact? Judy Hall

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 2

TRAUMA PROGRAM MANAGER

"2. Trauma Program Manager: This person is usually a registered nurse and must show evidence of educational preparation, with a minimum of 16 hours (internal or external) of trauma-related continuing education per year and clinical experience in the care of injured patients."

NARRATIVE RESPONSE AND DISCUSSION

Kristi Croddy, RN, BSN, CEN (License # _____) is the Community Hospital East (CHE) Trauma Program Manager. A copy of the job description is attached. Kristi maintains current Trauma Nursing Core Course (TNCC) training. She is also certified in emergency nursing (CEN) in addition to ACLS, PALS, and NRP. She received her Bachelors of Science in Nursing from Indiana University School of Nursing at IUPUI. Kristi began her career at Wishard Trauma Center (now Eskenazi Hospital) in the Emergency Department in 1994 caring for adult and pediatric trauma patients. In 2003, Kristi joined the Community Hospital East team primarily within the emergency department. Kristi has demonstrated excellence within the emergency department both as a staff nurse and a patient care coordinator/charge nurse. Copies of recent continuing nursing education are attached.

HR USE ONLY

Position Code:

Employee Type: Hourly/Salary

Effective Date: 2/2014

Developed By: ED Department Directors

HR Consultant: S Percy

TITLE: Trauma Program Manager

DEPARTMENT AND COST CENTER: 67803CHN

ROLE OVERVIEW: The Trauma Program Manager is responsible for the development, implementation and evaluation of systems and programs at Community Hospitals directed toward the provision of quality services for trauma patients from a multidisciplinary perspective throughout the continuum of care. This structure of care for the injured patient is a collaborative effort from all departments that make up the trauma response team.

REQUIRED EXPERIENCE: Three to five years clinical experience in the care of injured patients. Pre • Previous involvement with trauma certification and data collection.

REQUIRED EDUCATION: Graduate of an approved nursing program, BSN preferred. Educational preparation and clinical experience in the care of injured patients. Maintains a minimum of 16 hours of trauma-related continuing education per year and clinical experience in the care of injured patients

REQUIRED LICENSE: Current Indiana RN license required.
Current ACLS certification, TNCC, and ATCN

PREREQUISITE SKILLS: See Experience

SKILLS TESTING: None

REPORTS TO: Chief Nursing Officer / Executive Vice President

SUPERVISES: Trauma Registrar

ESSENTIAL FUNCTIONS:

Clinical:

- Assure compliance with the American college of Surgeons and the Indiana State Department of Health standards for the optimal care of the injured patient.
- Help facilitate future strategic goals as a trauma center geared toward excellence and high standards of care.
- Coordinate trauma care management across the continuum of care.
- Coordinate with physicians, nurses and other hospital staff to evaluate and address specific patient care issues.
- Assess the need for policies, procedures, protocols, supplies and equipment relating to the care of trauma patients in coordination with hospital administration and clinicians.
- Develop policies and procedures based on current literature, input from clinicians and other sources, such as information from the trauma peer review process.

Education:

- Provide for intra-facility staff development; participate in case review, implement practice guidelines, and direct community trauma education and prevention programs.
- Performance Improvement:
- Participate in case reviews and trauma rounds.
- Monitor clinical outcomes.
- Monitor system issues related to quality of care delivery.
- Develop quality filters, audits and case reviews.
- Identify trends and sentinel events.
- Assist in the development, implementation and evaluation of a quality plan that is multidisciplinary and focused on patient outcomes.

Administrative:

- Represent the Trauma Program on various hospital and State committees to enhance and foster optimal trauma care management.
- Manage, as appropriate, the operational, personnel and financial aspects of the Trauma Program.
- Supervise adherence to hospital policies, procedures and standards through observation, medical record review, staff feedback and other appropriate sources.
- Trauma Registry:
- Review the collecting, coding, scoring and developing of processes for validation of data entered into the trauma registry.
- Design the registry to facilitate performance improvement activities, trend reports and research, while protecting confidentiality.

EMS/Emergency Management:

- Work with EMS Director and the Audit & Review Committee to review trauma education needs of the EMS agencies.
- Participates on the Hospital Emergency Preparedness Committee and collaborates with District 5 Emergency Preparedness Committee to achieve goals and deliverables.
- Follows through with commitments including employee health requirements, mandatory education and completion of competencies within established timeframes.
- Demonstrates respect for and cooperation with all persons in performing job duties and responsibilities; maintains courteous, complete and confidential communication with all patients, visitors, cooperation-workers and other guests.
- Performs any other tasks, duties or responsibilities as assigned or needed for the effective, safe or efficient functioning/operation of the Hospital.

COMPETENCIES:

Hospital / Network mandatory competencies

**PHYSICAL/ENVIRONMENTAL
REQUIREMENTS:**

Please see check list

WORK-PLACE ACTIVITIES*

* Frequencies based on DOT (Dictionary of Occupational Titles) standard frequencies

Activity	Never 0% of the day 0 per day 0	Occasional 1-33% of day 1-66 per day 1 per 15 min.	Frequent 34-66% of day 67-200 per day 1 per 5 min.	Constant 67-100% of day 200 plus per day 1 per 30 sec.
Standing		x		
Sitting			x	
Walking		x		
Bending		x		
Forward		x		
Sideways		x		
Climbing		x		
Grasping		x		
Pushing (Carts, wheelchairs, etc)		x		
Pulling (Carts, wheelchairs, etc)		x		
Twisting at waist		x		
Work above shoulders		x		
Repetitive arm movement			x	
Reaching		x		
Overhead:		x		
Forward:		x		
Side:		x		
Rear:		x		

Squatting				X			
Kneeling				X			
Crawling				X			
Wrist & Forearm							
Pronation / Supination					X		
Nondependent patient transfers				X			
Dependent patient transfers				X			
May drive between worksites				X			

Lifting and Carrying		Never		Occasional		Frequent		Constant
Under 10 lbs						X		
10-20 lbs				X				
20-30 lbs				X				
30-40 lbs				X				

Kristi Croddy, RN, BSN, CEN

Emergency Nursing and Critical Care Experience:

I am currently employed as Trauma Program Manager and Patient Care Coordinator/Charge Nurse in the Emergency Department of Community Hospital East in Indianapolis, IN. I maintain current certifications in ACLS, PALS, NRP, Trauma Nursing Core Course (TNCC), and Emergency Nursing (CEN), and am a member of the Emergency Nurses Association (ENA).

I am a highly energetic and motivated nurse who has worked in a variety of emergency and critical care settings. As a combination Trauma Program Manager and Patient Care Coordinator, I have a serious commitment to excellence in both the clinical and professional roles. I enjoy teaching, and have been teaching CPR, ACLS, and PALS for several years. I recently renewed TNCC and was pleased to be recommended as a potential TNCC Instructor.

Professional accomplishments:

I started my career in 1994 at Wishard (now Eskenazi) Hospital as a student nurse extern, and was subsequently hired as a Registered Nurse in May 1995. I remained at Wishard in the Emergency Department until September 1997, when I moved to Critical Care at Wishard. I remained in Critical Care at Wishard until February 2003. My basic responsibilities included charge nurse duties, along with planning, managing and assessing care of patients. In 2003, I joined Community Hospital East, primarily within the Emergency Department.

As Patient Care Coordinator, I have enjoyed a combined role as charge nurse while on the floor as well as assisting in management responsibilities. I have enjoyed writing educational pieces related to care of the emergency patient, including management of the pregnant patient, and emergency management of chest pain.

Other affiliations, certifications and awards:

- 2012 Nominated and received Daisy Award for excellence at Community East
- 2011 Nominated for Nursing Excellence Award
- 1995 Invited to become member of Sigma Theta Tau Nursing Honor Society

Education:

BSN in Nursing from Indiana University.

ASN in Nursing from Ivy Tech.

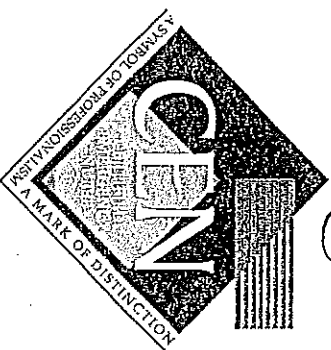
Board of Certification for Emergency Nursing
Hereby certifies that

Kristina Croddy

having successfully met the qualifications
has attained the designation of

Certified Emergency Nurse

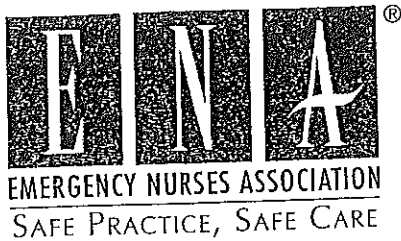
C. Lynne Grief, PhD, RN, CEN
C. Lynne Grief, PhD, RN, CEN
BCEN Chairperson



10/31/2017
Expiration date

Certification number

BCEN's Certified Emergency Nurse (CEN®) credential have been accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC)



This certifies that Kristin Croddy has attended
Trauma Nursing Core Course (Provider)
earning a total of 14.2 Contact Hours.

ENA has provided 14.2 Contact Hours Category of Clinical.

The Emergency Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Emergency Nurses Association is recognized as a provider of continuing education in nursing. California Continuing Education Provider #CEP2322.

Teresa L. Will RN, MSN, CEN
Course Director (Please Print)

June 5 & 6, 2018
Date of Course

Teresa L. Will RN
Course Director (Signature)

Indpls, IN
Location of Course

Emergency Nurses Association

Provider Unit
915 Lee Street
Des Plaines, IL 60016

Director of the Institute for Emergency Nursing Education - Emergency Nurses Association: Paula M. Karnick Ph.D., ANP-BC; CPNP
(Do not send this certificate to the Board of Nursing - keep it for your personal files. This certificate must be kept by licensee for a period of six years.)



This is your ENA TNCC Provider verification card.

Please detach and retain.



915 Lee Street • Des Plaines, IL • 60016-6569

Kristin Croddy June 6, 2018
Name Expiration Date

has successfully completed all Provider course requirements for the ENA Trauma Nursing Core Course (TNCC).

Teresa L. Will RN
Course Director

BEND & LIFT

Congratulations on the successful completion of the TNCC Provider course. Attached is your TNCC verification card with your expiration date. Verification is valid four years from the end of the month in which the course is completed.

The Emergency Nurses Association is committed to improving emergency nursing practice and trauma care. Your successful completion of the TNCC Provider course demonstrates your knowledge and professional commitment to improving trauma nursing care.

Name: kristi
 croddy
Facility: Community Hospitals
 Indianapolis East
Dept: nursing education
**Report Options
 Selected:**
ItemType: Show All
Lesson Plan:
Status: **Dates:** All Dates
**Show
 Module:** No
Sort by:

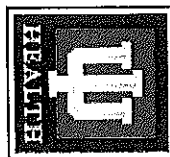
Item Name	Item Type	Completed	# of Units	Type of Unit	Provider
Emergency Nursing Orientation 2.0: Thoracic Trauma	Lesson	06-30-2014	1.3	Contact Hours	ENA

Only completed training items will display in the grand totals.

Provider	Type of Unit	Total
ENA	Contact Hours	1.3



Certificate of Completion



Indiana University Health

Continuing Education

Certifies that:

Kristi Croddy, RN, BSN, CEN

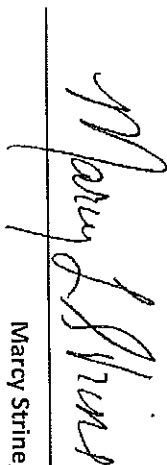
Has attended and successfully completed the educational activity:

"Indiana Trauma Network"

At: Indiana University Health, Indianapolis

On: May 9, 2014

Number of contact hours awarded 0.5



Marcy Strine, RN
Continuing Education

IU Health Indianapolis (OH-412, 6/1/2016) is an approved provider of continuing nursing education by the Ohio Nurses (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
1812 N. Capitol Avenue, Indianapolis, IN 46202

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 3

SUBMISSION OF TRAUMA DATA

TO THE STATE REGISTRY

"3. Submission of trauma data to the State Registry: The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within thirty days of application and at least quarterly thereafter."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 3 are met with a printout illustrating 55 admitted trauma patient records submitted to the State for the first quarter of 2014. The report was generated from data entered throughout the year using Imagetrend, the reporting feature from the Indiana Trauma Registry.

Number of Patients Admitted Yearly

Medical Record Num	Incident Number	Injury Date	Hospital Admission Date	Hospital Discharge Date	Facility Name
3141016	chnche20140527015	1/6/14	1/7/14	1/10/14	Community EAST Health Network Comm Hosp
000551307	chnche20140516001	1/8/14	1/9/14	1/11/14	Community EAST Health Network Comm Hosp
003347924	chnche20140527016	1/17/14	1/17/14	1/21/14	Community EAST Health Network Comm Hosp
003419655	chnche20140527017	1/19/14	1/19/14	1/24/14	Community EAST Health Network Comm Hosp
000703252	chnche20140527012	1/19/14	1/19/14	1/22/14	Community EAST Health Network Comm Hosp
003623707	chnche20140530018	1/19/14	1/20/14	1/26/14	Community EAST Health Network Comm Hosp
000801279	chnche20140530019	1/22/14	1/23/14	1/28/14	Community EAST Health Network Comm Hosp
000247431	chnche20140530022	1/22/14	1/23/14	1/28/14	Community EAST Health Network Comm Hosp
003821981	chnche20140530021	1/28/14	1/29/14	1/30/14	Community EAST Health Network Comm Hosp
000279968	chnche20140530024	1/29/14	1/29/14	1/31/14	Community EAST Health Network Comm Hosp
003380384	chnche20140527014	1/28/14	1/29/14	1/29/14	Community EAST Health Network Comm Hosp
000038107	chnche20140527010	1/29/14	1/29/14	2/3/14	Community EAST Health Network Comm Hosp
001934387	chnche20140530020	1/30/14	1/30/14	2/4/14	Community EAST Health Network Comm Hosp
00509183	chnche20140602039	2/2/14	2/2/14	2/21/14	Community EAST Health Network Comm Hosp
005552824	chnche20140601035	2/1/14	2/2/14	2/4/14	Community EAST Health Network Comm Hosp
003702644	chnche20140601029	2/3/14	2/3/14	2/3/14	Community EAST Health Network Comm Hosp
000163238	chnche20140604049	2/3/14	2/3/14	2/3/14	Community EAST Health Network Comm Hosp
003641817	chnche20140601038	2/4/14	2/4/14	2/10/14	Community EAST Health Network Comm Hosp
001207748	chnche20140604050	2/7/14	2/7/14	2/7/14	Community EAST Health Network Comm Hosp
000151742	chnche20140602046	2/9/14	2/9/14	2/13/14	Community EAST Health Network Comm Hosp
005464579	chnche20140601034	2/9/14	2/9/14	2/14/14	Community EAST Health Network Comm Hosp
000221578	chnche20140602040	2/8/14	2/9/14	2/13/14	Community EAST Health Network Comm Hosp
005487805	chnche20140604051	2/14/14	2/14/14	2/14/14	Community EAST Health Network Comm Hosp
003597147	chnche20140601027	2/16/14	2/17/14	2/19/14	Community EAST Health Network Comm Hosp
000563074	chnche20140601036	2/18/14	2/18/14	2/22/14	Community EAST Health Network Comm Hosp
001194512	chnche20140601037	2/18/14	2/18/14	2/26/14	Community EAST Health Network Comm Hosp
000070337	chnche20140602043	2/19/14	2/19/14	2/22/14	Community EAST Health Network Comm Hosp
00556991	chnche20140602041	2/18/14	2/19/14	2/21/14	Community EAST Health Network Comm Hosp
001907723	chnche20140601028	2/23/14	2/23/14	2/26/14	Community EAST Health Network Comm Hosp

Medical Record Num	Incident Number	Injury Date	Hospital Admission Date	Hospital Discharge Date	Facility Name
000493128	chnche20140601032	2/24/14	2/24/14	3/3/14	Community EAST Health Network Comm Hosp
000131643	chnche20140609065	3/1/14	3/1/14	3/6/14	Community EAST Health Network Comm Hosp
000696515	chnche20140604064	3/2/14	3/3/14	3/12/14	Community EAST Health Network Comm Hosp
003190164	chnche20140604062	3/8/14	3/8/14	3/11/14	Community EAST Health Network Comm Hosp
000622429	chnche20140604057	3/7/14	3/8/14	3/12/14	Community EAST Health Network Comm Hosp
003187504	chnche20140609071	3/10/14	3/10/14	3/11/14	Community EAST Health Network Comm Hosp
000281673	chnche20140604058	3/11/14	3/11/14	3/17/14	Community EAST Health Network Comm Hosp
005182606	chnche20140609073	3/15/14	3/15/14	3/15/14	Community EAST Health Network Comm Hosp
000018339	chnche20140609070	3/15/14	3/16/14	3/21/14	Community EAST Health Network Comm Hosp
003456720	chnche20140609067	3/16/14	3/16/14	3/21/14	Community EAST Health Network Comm Hosp
000066723	chnche20140604061	3/18/14	3/18/14	3/24/14	Community EAST Health Network Comm Hosp
000610490	chnche20140604054	3/22/14	3/22/14	3/25/14	Community EAST Health Network Comm Hosp
000732903	chnche20140604059	3/21/14	3/22/14	3/27/14	Community EAST Health Network Comm Hosp
001678420	chnche20140609069	3/25/14	3/25/14	3/26/14	Community EAST Health Network Comm Hosp
000460108	chnche20140604056	3/26/14	3/26/14	3/28/14	Community EAST Health Network Comm Hosp
000214933	chnche20140609066	3/28/14	3/28/14	3/30/14	Community EAST Health Network Comm Hosp
000784798	chnche20140604055	3/29/14	3/29/14	4/4/14	Community EAST Health Network Comm Hosp
000066809	chnche20140604060	3/31/14	3/31/14	4/3/14	Community EAST Health Network Comm Hosp
000446730	chnche20140519004	4/2/14	4/2/14	4/6/14	Community EAST Health Network Comm Hosp
000446730	chnche20140609074	4/2/14	4/2/14	4/6/14	Community EAST Health Network Comm Hosp
003828191	chnche20140519006	4/4/14	4/4/14	4/10/14	Community EAST Health Network Comm Hosp
003816870	chnche20140611076	4/4/14	4/5/14	4/8/14	Community EAST Health Network Comm Hosp
003640291	chnche20140519005	4/17/14	4/14/14	4/21/14	Community EAST Health Network Comm Hosp
005554271	chnche20140611077	4/16/14	4/16/14	4/20/14	Community EAST Health Network Comm Hosp
000791476	chnche20140519007	4/16/14	4/17/14	4/20/14	Community EAST Health Network Comm Hosp
005574589	chnche20140527009	4/26/14	4/26/14	4/27/14	Community EAST Health Network Comm Hosp

Report Filters

Hospital Discharge Date: is between '1/1/2014' and '6/16/2014'

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 4

TRAUMA REGISTRAR

"4. **Trauma Registrar**: This is someone who abstracts high-quality data into the hospital's trauma registry and works directly with the hospital's trauma team. This position is managed by the Trauma Program Manager."

NARRATIVE RESPONSE AND DISCUSSION

The Community Hospital East Trauma Registrar is Mary Schober, PST. Mary has extensive experience as an emergency room patient support tech, along with administration assistance. She is well-qualified to abstract high-quality data to ensure the integrity of the CHE Trauma database. The Trauma Registrar reports to the Trauma Program Manager. The CHE Trauma Registrar role summary is included.

HR USE ONLY

Position Code:

Employee Type: Hourly/Salary

Effective Date: February 2014

Developed By: J Hall

HR Consultant: S Percy

TITLE:

Trauma Registrar

DEPARTMENT AND COST CENTER: 67803CHN

ROLE OVERVIEW:

The Trauma Registrar is accountable for coordinating the activities for the Trauma Registry. The registrar is responsible for the collection, entry, maintenance, and reporting of data for the Level 3 Trauma Center as required by appropriate regulatory agencies. This position collects trauma data for injury research and prevention as well as performance improvement in the Trauma Program within the facility. This position acts as a liaison with the Trauma Program Manager, Medical Directors, and trauma staff. The Trauma Registrar will assist in the preparation for the American College of Surgeons Committee on Trauma site visit and other regulatory agency visits such as ISDOH and JCAHO.

REQUIRED EXPERIENCE:

Trauma experience preferred. Preferred knowledge of ICD-9/10; CPT; DRG; AIS and ISS coding. Knowledge of database management and proficiency in Microsoft Office applications.

REQUIRED EDUCATION:

High school diploma or equivalent;
Certified Emergency Medical Technician;
Emergency Department Technician or licensed Paramedic; Certified Coding Specialist; Registered Health Information Technician; Registered Health Information Administrator, or Registered Record Administrator. Maintain at least 4 hours of registry-specific continuing education per year.

REQUIRED LICENSE:

Must attend Trauma Registry and ICD-10 training within 6 months of employment. Certified Trauma Registrar within 2 years of employment.

PREREQUISITE SKILLS:

- Requires knowledge of database management and proficiency in Microsoft Office applications.
- Requires knowledge and proficiency in medical and hospital terminology.
- Requires the ability to communicate clearly and concisely through written and verbal communication.
- Requires strong customer service skills.
- Requires the ability to manage multiple tasks.
- Requires the ability to utilize critical thinking skills to prioritize and problem-solve complex work assignments. Identify what skills are necessary to do this job; e.g., typing WPM

SKILLS TESTING:

None

REPORTS TO:

Trauma Program Manager

SUPERVISES:

None

ESSENTIAL FUNCTIONS:

The following functions describe the essential duties of this role. Individuals in this role may not perform all of these duties, or may perform additional, related duties not listed here.

Administration:

1. • Collects and enters data into the trauma registry regarding trauma patients at the Trauma Center in a timely manner.
2. • Collaborates with Information Technology computer hardware and software maintenance and backup to assure proper registry function.
3. • Assigns and scores all injuries utilizing the AIS and ICD-9/10 scoring system. Completes and verifies for accuracy all data collected.
4. • Evaluates the documentation of nursing staff/hospital providers and identifies missing data elements. Coordinates with nursing administration to correct and obtain the information on the hospital record. Reconciles the data as the information becomes available.
5. • Ensures compliance with National Trauma Data Bank (NTDB) and Indiana Department of Public Health (ISDH) required standards.
6. • Creates reports and spreadsheets as required and exports or imports data into reports.
7. • Participates as an integral member of the Trauma Quality Improvement team. Involved in leadership and professional development to assure skills and knowledge of trauma information.
8. • Evaluates current trends in injury mechanism and advises administrative team regarding needs for Prevention Initiatives.
9. • Cognitively reviews data and advises on needs for change in the Trauma Center Plan.
10. • Compiles and analyzes administrative reports for regulatory agencies, participating institutions, and committees as directed by the Trauma Medical Director or Trauma

Program Manager.

11. • Works with the Trauma Program Manager collaborating as an advisor for development of the hospital multidisciplinary team.
12. Research:
13. • Actively participates in educational and clinical research projects conducted by the Trauma Medical Director.
14. • Analyzes data and conducts research relating to education, prevention, and/or trauma services.
15. Service/Teaching:
16. • Prepares data and trends for presentation at national, state, and local meetings.
17. • Education of nursing staff with regards to required trauma documentation and requirements to maintain the policies and procedures as laid out in the Trauma Center Plan.
18. • Represents the trauma center at national, state, and local meetings, as requested by the Trauma Medical Director.
19. • Serves on local, state, and national committees as requested by the Trauma Program Manager.
20. • Works collaboratively with physicians, coworkers, management and other departments.
21. • Completes mandatory 4 hours of registry specific training per year in addition to other continuing education and contact education requirements mandated for licensure and certification.
22. Identify those physical, mental, and environmental aspects that are essential to perform the job, and not those aspects that are secondary, or non-essential functions of the position.

PHYSICAL/ENVIRONMENTAL REQUIREMENTS:

Please see check list

WORK-PLACE ACTIVITIES*

* Frequencies based on DOT (Dictionary of Occupational Titles) standard frequencies

Activity	Never 0% of the day 0 per day 0	Occasional 1-33% of day 1-66 per day 1 per 15 min.	Frequent 34-66% of day 67-200 per day 1 per 5 min.	Constant 67-100% of day 200 plus per day 1 per 30 sec.
Standing		x		
Sitting			x	
Walking		x		
Bending		x		
Forward		x		
Sideways		x		
Climbing		x		
Grasping		x		
Pushing (Carts, wheelchairs,	x			

etc)						
Pulling (Carts, wheelchairs, etc)		x				
Twisting at waist				x		
Work above shoulders				x		
Repetitive arm movement					x	
Reaching				x		
Overhead:				x		
Forward:				x		
Side:				x		
Rear:				x		
Squatting				x		
Kneeling				x		
Crawling				x		
Wrist & Forearm					x	
Pronation / Supination					x	
Nondependent patient transfers		x				
Dependent patient transfers		x				
May drive between worksites		x				

Lifting and Carrying	Never	Occasional	Frequent	Constant
Under 10 lbs		x		
10-20 lbs		x		
20-30 lbs		x		
30-40 lbs	x			

Mary C. Schober

QUALIFICATIONS:

- Work well without supervision
- CPR certified
- CNA license
- Ability to prioritize and remain focused on the essence of an issue
- Ability to multi task in stressful situations
- Skilled at learning new concepts quickly while working well under pressure

EXPERIENCE:

8/11-Present *Community East/South ER department*
Emergency Department Technician

Indianapolis, IN

- Obtains vital signs
- Perform EKG's and bladder scans.
- Obtain blood/urine specimens
- Do POC testing on blood/urine
- Performs accuchecks
- Transports patients to different areas in the hospital
- Cardiac Monitoring
- Secretarial duties in the emergency department (putting orders in, paging MD's etc.)
- OCL splinting on patients when needed.
- Wound care and dressings.
- I/O cath on patients per MD request
- Chart patient care appropriately

04/09-08/11 *IU West Medical Center*
Patient Care Assistant-Med/Surg unit

Avon, IN

- Obtain vital signs.
- Perform EKG's and bladders scans
- Perform accuchecks
- Transport patients to different areas of hospital
- Bathed and fed patients when needed.
- Obtained blood/urine specimens
- Assisted RN's in specific tasks when needed
- Charted all patient care appropriately
- Reported any changes in patients to RN

03/06-01/07 *Wishard Health Hospital*
ER Registrar

Indianapolis, IN

- Obtained all personal & financial information from patients being seen in ER.
- Data Entry
- Answered multi-line telephone, routed calls, and took accurate messages
- Registered all patients being seen in ER.

10/96-05/01 *St. Francis Hospital*

Beech Grove, IN

ER Registrar

- Registered all patients being seen in ER department
- Assigned beds to patients being admitted into hospital
- Updated all log books

09/1994-07/1995 **United States Air Force**

Information Specialist

- Worked at Air War College
- Answered phones and directed them to appropriate personnel
- Typed memo's
- Data Entry

EDUCATION:

Beech Grove High School
Central Nine Education Center
NurseMed

High School Diploma
CNA license
EMT certification

(Aug 89-May 93)
(Aug 08-Oct 08)
(Aug 09-Oct 09)

Beech Grove, IN
Greenwood, IN
Indianapolis, IN

Current certifications:
CNA license.

The American Trauma Society

Hereby Awards

Mary Schuber

this certificate for successful completion of the

Trauma Registrar
Distance Learning Course

This activity has been approved for 10 CME Contact Hours
Code Number: LA10-8-1104-11-4

The Maryland Nurses Association (MNA)
The MNA is an accredited approver of continuing nursing education by the American
Nurses Credentialing Center's Commission on Accreditation



Ian Weston
Executive Director

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 5

TIERED ACTIVATION SYSTEM

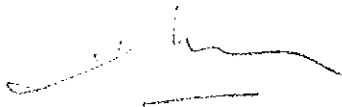
"5. Tiered Activation System: There must be a clearly defined Tiered Activation System that is continuously evaluated by the hospital's Performance Improvement and Patient Safety (PIPS) program."

NARRATIVE RESPONSE AND DISCUSSION

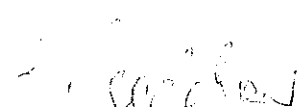
The requirements of section 5 are met with a copy of the Community Hospital Tiered Activation Guideline and Role Summary Guideline. The PIPS system will continuously evaluate the effectiveness of the specific tiers and the subsequent multi-disciplinary response. All affected caregivers will be invited to review each case for effectiveness.

Evaluation of Tiered Activation System

Community Hospital East's tiered activation system will be continuously evaluated by the Trauma Medical Director and the Trauma Program Manager through our Performance Improvement and Patient Safety (PIPS) program. Our over and under-triage will be monitored according to our trauma activation guidelines. Thorough analysis will be conducted in these cases and changes made accordingly to improve the care and outcomes of trauma patients.



Bajhat Chabenne, M.D.
Trauma Medical Director



Kristi Croddy, RN, BSN, CEN
Trauma Program Manager

Emergency Department Tiered Activation Guideline

Purpose:

1. To provide criteria for a tiered trauma activation system
2. To establish a systematic approach to the delivery of care of the trauma patient.
3. To provide expedient assessment, treatment of life threatening injuries, stabilization, and/or transport to a higher level of care.

General Information:

1. To clearly define the roles of individuals involved in the care of trauma patients.
2. To define the level of trauma care and response to such levels.

Personnel:

Applicable to staff of the Emergency Department, Administrative Representative, Registration, Switchboard, Laboratory, Radiology, Respiratory Services, Spiritual Care, and the Trauma Surgeon on call.

Equipment: Trauma Room and medical supplies to care for the patient.

Portable x-ray machine and CT scanner.

Ultrasound for ED Physician and Trauma Surgeon use.

Procedure:

1. Team Members
 - a. Availability of personnel will depend upon level of staffing and may require initiation of on call systems.
 1. Emergency Department (ED) Physicians
 2. Trauma Surgeon
 3. Emergency Department (ED) Nurse(s)
 4. Emergency Department (ED) Charge Nurse
 5. Administrative Representative
 6. Emergency Department (ED) Tech(s)
 7. Respiratory Therapist
 8. Radiology/CT Technologist
 9. Registration/Patient Access
 - b. Additional Department Notifications
 1. ICU (as needed)
 2. Operating Room Staff and Anesthesiologist (as needed)
 3. Laboratory/Blood bank
 4. Chaplain (as needed)
 5. Security
2. Levels of Trauma
 - a. **Code Trauma: (paged out to team):**
 1. Systolic B/P <90 mm Hg
 2. Glasgow Coma Scale (GCS) < or =13
 3. Respiratory rate <10 or >29
 4. Patients receiving blood to maintain vital signs

5. Airway or respiratory compromise as defined by:
 1. BVM, intubation, adjunct airway or cricothyroidotomy in the field
 2. Needle chest decompression
 6. Penetrating injury to head, neck, chest, abdomen, back, buttocks, or extremities proximal to the knees and elbows
 7. Traumatic amputation proximal to the wrist or ankle
 8. Burns >15% or high voltage (>1000volts) electrical injury
 9. Any crushed, de-gloved, mangled, or pulseless extremity
 10. Pelvic fracture
 11. Two or more long bone fractures
 12. Flail chest
 13. Extremity paralysis suggestive of spinal cord injury
 14. Open or depressed skull fracture
 15. Victim of hanging who meet above criteria
 16. Licensed healthcare provider discretion
- b. Trauma alert (not paged out to team):**
1. Ejection from vehicle
 2. Vehicle roll-over
 3. Death in same vehicle
 4. Prolonged extrication from vehicle
 5. Pedestrian struck by vehicle
 6. Falls >20 feet (adults) or >3X the child's height
 7. Licensed Healthcare provider discretion
- 3. Levels of Response**
- a. Code Trauma**
1. Upon notification from the ED physician or ED RN, the ED staff will notify the switchboard operator by telephone to initiate the Code Trauma page. The switchboard operator will initiate an alpha-numeric page to the trauma team members defined above.
 2. ED staff will record times team members were paged, time trauma surgeon responded to call, and time trauma surgeon arrived to hospital.
 3. All trauma team members report to the Emergency Department upon paging. The trauma surgeon will initially respond via phone.
- b. Trauma Alert**
1. Upon notification from the ED physician or ED Nurse, the ED staff will notify the Administrative Representative, the Respiratory Therapist and the Radiology/CT Technologist by telephone or other appropriate in-house communication.
 2. There will be no alpha-numeric paging regarding trauma alerts. The ED staff will record all relevant times.
 3. The Radiology/CT Technologist will report to the ED and all other trauma team members are "on-call" at their original location pending further notification.

Code Trauma Role Definition Summary Guideline

Purpose: To clearly define the roles of individuals involved in the care of trauma patients.

1. Code Trauma Team Member Role Definitions

a. Emergency Department Physician

1. Corresponds with pre-hospital personnel or ED staff taking report to determine level of trauma prior to patient arrival.
2. Assumes overall coordination of trauma room activities until a trauma surgeon or specialist surgeon arrives to assume care or patient has been transferred to a higher level Trauma Center
3. Responsible for patient assessment and to perform life-saving interventions for life-threatening injuries found on primary survey.

b. Trauma Surgeon

1. Responds to the Code Trauma patient and is available in the Emergency Department within 30 minutes of the patient's arrival.
2. Responsible for the overall care of the trauma patient.
3. Coordinates care with other specialties to facilitate continuity of care.
4. Evaluates and treats the patient.
5. Participates in the initial evaluation and resuscitation of the seriously injured patients.

c. Emergency Department Nurse

1. Performs primary and secondary assessment of trauma patient upon arrival to Emergency Department, assuring priority of care and initiation of resuscitation protocols.
2. Responsible for overall coordination of care delivered by nursing and ancillary personnel.
3. Responsible for adequately stocking the Trauma Room and making sure all equipment is in functioning order.
4. Re-assesses and evaluates patient response to interventions.
5. Responsible for documentation, observation, delegation, and communication of care of the trauma patient:
 - a. Documentation
 1. Completion of Trauma Critical Care Record.
 2. Completion of all transfer records when applicable.
 - b. Observation
 1. Knowledge of patient status at all times.
 2. Monitors vital functions.
 3. Assures that personnel are functioning in proper capacity for protocol and job description.

- c. Delegation
 - 1. Assures proper patient care by delegation of orders and/or procedures to appropriate personnel.
- d. Communication
 - 1. Assures communication of patient report to receiving unit or hospital.
 - 2. Assures patient update reports to the Emergency Department physician and/or trauma surgeon.
- d. Emergency Department Charge Nurse
 - 1. Assigns trauma staff as required.
 - 2. Takes pre-hospital report when Emergency Department physician is not available.
 - 3. Follows guidelines to make level of trauma determination when ED physician is not available.
 - 4. Is present upon patient arrival to Emergency Department until stabilized.
 - 5. Acts as a resource for trauma team.
 - 6. Performs interventions for trauma patient care when needed.
 - 7. Coordinates continuation of care for existing patients in department
- e. Emergency Department Tech
 - 1. Is present upon patient arrival to Emergency Department.
 - 2. Performs tasks delegated by ED Trauma Nurse (i.e.: assists with hemorrhage control, wound care, CPR, immobilization, spine stabilization, Foley insertion, procedure set-up).
- f. Respiratory Therapist
 - 1. Team members will respond as assigned to both Code Trauma and Trauma Alert.
 - 2. Maintain an open airway.
 - 3. Assist with intubation or cricothyrotomy.
 - 4. Maintain positive pressure ventilation.
 - 5. May obtain ABG's as delegated.
 - 6. Accompany patient to other areas if airway management and/or ventilation required.
- g. Radiology Technologist
 - 1. Team members will respond as assigned.
 - 2. Obtains images as ordered
 - 3. All portable images must be completed prior to patient going to CT scan unless otherwise directed by either the Emergency Department physician or the trauma surgeon.
 - 4. Will promptly prepare CD copies of all imaging studies in preparation for emergency transfer to a Level 1 facility.
- h. CT Scan Technologist

1. Upon receiving the page, will finish with any current scans and clear scanner until trauma scans are finished.
2. Initiate call to the Radiologist as required.
- i. Laboratory/Blood Bank
 1. Prepares cooler containing two (2) units O negative blood and emergency transfusion documents. Responds to Emergency Department with blood when specifically called.
 2. Collects necessary blood specimens and properly bands patient
 3. Notifies Emergency Department when type-specific and cross-matched blood is available.
- j. Registration
 1. Makes chart and places Identification (ID) band on patient. Merges anonymous male/female trauma patient as soon as identification made.
 2. Gives ED staff identification labels as soon as possible.
- k. Unit Secretary/Emergency Department Staff
 1. Obtains Code Trauma form, and tracks communication times with physicians.
 2. Performs initial notifications as described in 3a and 3b above.
 3. Coordinates phone calls for consultants, inter-facility transfers and transportation as directed.
- l. Chaplain
 1. Minister to patient and family members as necessary.
 2. Notify family members as necessary.
 3. Keep family updated on patient care.
- m. Security
 1. Crowd control as necessary.
 2. Secures perimeter of Emergency Department and hospital for any potential dangerous activity.
- n. Additional Department Notifications
 1. ICU as needed.
 2. Operating Room Staff and Anesthesiologist as needed.

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 6

TRAUMA SURGEON RESPONSE TIMES

"6. Trauma Surgeon response times: Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 6 are met with a letter of commitment from the Community Hospital East Trauma Medical Director. The commitment letter affirms intent of the CHE Trauma Surgeons to comply with the response times as defined by the Optimal Resources document of the American College of Surgeons. There is a letter from the CHE Emergency Management/HAZMAT Coordinator affirming the Trauma Medical Director's membership on the CHE Disaster and Emergency Management Committee. The surgeons' response times will be monitored continuously through the Process Improvement and Patient Safety (PIPS) Committee upon implementation of the Tiered Activation Protocol.



Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

June 12, 2014

William C. VanNess II, M.D.-Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "In the ACS Verification Process" for Level III Trauma Center designation

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Trauma Medical Director. I am pleased to support Community Hospital East's effort to complete the "In the process" Level III Trauma Center requirements. We will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

Our Trauma surgeons rotate call to be promptly available twenty-four hours per day. We are committed to responding to the highest level of activation within thirty minutes of the patient's arrival. Response times are continuously evaluated through the hospital's Performance Improvement and Patient Safety (PIPS) program.

In order to acquire the ATLS certification requirement of the Medical Director, I have reviewed the latest ATLS student course Manual (9th ed.), and plan to take the certification course August 1, 2014-August 2, 2014 .

Respectfully,

A handwritten signature in black ink, appearing to read "Bahjat Chabenne".

Bahjat Chabenne, M.D.
Trauma Medical Director



Community
Health Network

Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

June 17, 2014

William C. VanNess, II, M.D.-Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

SUBJECT: Community Hospital East's Application for "In the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that Dr. Chabenne, our Trauma Medical Director, is a member of Community Hospital East's Emergency Management Committee.

Respectfully,

Elisa Stott, C.H.E.P.
Emergency Management/Hazmat Coordinator

Bahjat Chabenne, M.D.
Trauma Medical Director

Bahjat Chabenne, M.D.



Joseph Pavlik, M.D.



Terrence Ihnat, M.D.



Kevin Mcaree, M.D.



Vincent Delumpa, M.D.



Scott Mimms, M.D.



Jon Jansen, M.D.



Ronald Baughman, M.D.



Nas Haddad, M.D.



July 2014/General Surgery On Call

Schedule for CHE/CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 CHE/CHN: Terrence Ihnat	2 CHE/CHN: Nas Haddad	3 CHE: Kevin McAree CHN: John Ditslear	4 CHE/CHN: Vincent Delumpa	5 CHE/CHN: Nas Haddad
6 CHE/CHN: Ronald Baughman	7 CHE/CHN: Scott Mimms	8 CHE/CHN: Bahjat Chabenne	9 CHE/CHN: Joseph Pavlik	10 CHE/CHN: Terrence Ihnat	11 CHE/CHN: Jon Jansen	12 CHE: Kevin McAree CHN: John Ditslear
13 CHE/CHN: Vincent Delumpa	14 CHE/CHN: Nas Haddad	15 CHE/CHN: Ronald Baughman	16 CHE/CHN: Scott Mimms	17 CHE/CHN: Bahjat Chabenne	18 CHE/CHN: Joseph Pavlik	19 CHE/CHN: Terrence Ihnat
20 CHE/CHN: Jon Jansen	21 CHE: Kevin McAree CHN: John Ditslear	22 CHE/CHN: Vincent Delumpa	23 CHE/CHN: Nas Haddad	24 CHE/CHN: Ronald Baughman	25 CHE/CHN: Scott Mimms	26 CHE/CHN: Bahjat Chabenne
27 CHE/CHN: Joseph Pavlik	28 CHE/CHN: Terrence Ihnat	29 CHE/CHN: Nas Haddad	30 CHE: Kevin McAree CHN: John Ditslear	31 CHE/CHN: Vincent Delumpa		

August 2014/General Surgery On Call Schedule for CHE/CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 CHE/CHN: Nas Haddad	2 CHE/CHN: Ronald Baughman
3 CHE/CHN: Scott Mimms	4 CHE/CHN: Bahjat Chabenne	5 CHE/CHN: Joseph Pavlik	6 CHE/CHN: Terrence Ihnat	7 CHE/CHN: Nas Haddad	8 CHE: Kevin McAree CHN: John Ditslear	9 CHE/CHN: Vincent Delumpa
10 CHE/CHN: Nas Haddad	11 CHE/CHN: Ronald Baughman	12 CHE/CHN: Scott Mimms	13 CHE/CHN: Bahjat Chabenne	14 CHE/CHN: Joseph Pavlik	15 CHE/CHN: Terrence Ihnat	16 CHE/CHN: Jon Jansen
17 CHE: Kevin McAree CHN: John Ditslear	18 CHE/CHN: Vincent Delumpa	19 CHE/CHN: Nas Haddad	20 CHE/CHN: Ronald Baughman	21 CHE/CHN: Scott Mimms	22 CHE/CHN: Bahjat Chabenne	23 CHE/CHN: Joseph Pavlik
24 CHE/CHN: Terrence Ihnat	25 CHE/CHN: Nas Haddad	26 CHE: Kevin McAree CHN: John Ditslear	27 CHE/CHN: Vincent Delumpa	28 CHE/CHN: Nas Haddad	29 CHE/CHN: Ronald Baughman	30 CHE/CHN: Scott Mimms
31 CHE/CHN: Bahjat Chabenne						

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 7

EMERGENCY DEPARTMENT PHYSICIAN COVERAGE

"7. In-house Emergency Department physician coverage: The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 7 are met with a signed letter from Dr. Kevin Trappe. Dr. Trappe is the Emergency Department Medical Director. The letter affirms all CHE Emergency Physicians are residency trained and board certified. A copy of a monthly schedule illustrating twenty-four hour per day coverage is included.

MEDICAL ASSOCIATES LLP



1500 North Ritter Avenue
Indianapolis, Indiana 46219
317-355-5041

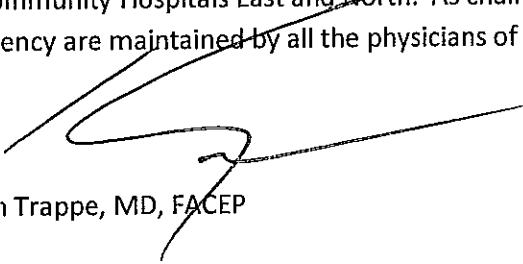
June 5, 2014

Re: Community Hospital East Emergency Department and Community Hospital North Emergency Department

To Whom It May Concern:

Medical Associates, LLP, provides physician coverage to the Emergency Departments of Community Hospitals East and North. Medical Associates currently has twenty seven (27) physicians providing care to all the patients presenting to the emergency departments of Community Hospitals East and North, twenty-four (24) hours a day, every day of the year. All of the physicians of Medical Associates, LLP, are residency trained and board certified and met and/or exceed all credentialing requirements put forth by Community Hospitals East and North.

I am the chairman of Medical Associates, LLP, and the Medical Director for the Emergency Departments of Community Hospitals East and North. As chairman, I ensure that the standards of quality and efficiency are maintained by all the physicians of Medical Associates, LLP.


Kevin Trappe, MD, FACEP

JOSUA J. ARMBRUSTER, D.O.	JOSEPH F. EZERNACK, M.D.	JAMES A. HARRIS, M.D.	JOHN P. MCGOFF, M.D.	CHRISTIAN T. ROSS, M.D.
FRY L. BRUNETT, M.D.	BLAINE W. FARLEY, M.D.	JASON C. HOLLINGSWORTH, M.D.	WILLIAM G. McTURNAN, M.D.	ALBERT L. SOLOMITO, M.D.
CHRISTIAN H. BURKE, M.D.	JEREMY L. GAGAN, M.D.	STEPHEN R. JOHANTGEN, M.D.	WILLIAM C. MILLER, M.D.	KEVIN L. TRAPPE, M.D.
DAVID K. CHENG, M.D.	TRAVIS W. GIEDD, M.D.	SARAM KOERWITZ, M.D.	VISHAL Y. PARIKH, M.D.	ERIC A. VONDEROHE, M.D.
RONALD J. EICH, M.D.	MORRIS R. GIESELMAN, M.D.	ROBERT J. McALLISTER, M.D.	RICHARD R. ROGERS, M.D.	PAULA E. WILHAM, M.D.
BRADLEY D. ESHELMAN, M.D.	BRADFORD R. HALE, M.D.			

Emergency Room Physicians
Medical Associates
August 2014

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
					RD Gieselman ND Harris RE Miller NE Vonderohe RS2 Elo NS1 Johantgen RS1 McAllister NS2 Gledd NN McTurnan RN Trappe HD Rogers HN Farley mnl	RD CB/JB ND Gieselman RE Harris NE Miller RS2 Johantgen NS1 Parikh RS1 Rogers NS2 McAllister NN Gledd RN McTurnan HD Gagan HN Vonderohe mnl
3	4	5	6	7	8	9
RD Gagan ND CB/JB RE Gieselman NE Harris RS2 Johantgen NS1 Fossum RS1 Parikh NS2 Rogers NN McAllister RN Gledd HD Hollingsworth HN Miller mnl	RD Hollingsworth ND Gagan RE CB/JB NE Gieselman RS2 Harris NS1 Cheng RS1 Fossum NS2 Parikh NN Rogers RN McAllister HD Hale HN Johantgen mnl	RD Ross ND Hollingsworth RE Gagan NE CB/JB RS2 Gieselman NS1 Hale RS1 Cheng NS2 Fossum NN Parikh RN Rogers HD House HN McAllister mnl	RD Armbruster ND Ross RE Hollingsworth NE Gagan RS2 Hale NS1 Farley RS1 House NS2 Cheng NN Fossum RN Parikh HD Trappe HN CB/JB mnl	RD Trappe ND Armbruster RE Ross NE Hollingsworth RS2 Hale NS1 Johantgen RS1 Farley NS2 House NN Cheng RN Fossum HD Eshelman HN Gagan mnl	RD McTurnan ND Trappe RE Armbruster NE Ross RS2 Hollingsworth NS1 Johantgen RS1 Eshelman NS2 Farley NN House RN Cheng HD Vonderohe HN Brunett mnl	RD Gledd ND McTurnan RE Trappe NE Armbruster RS2 Ross NS1 Johantgen RS1 Vonderohe NS2 Eshelman NN Farley RN House HD Koerwitz HN Cheng mnl
10	11	12	13	14	15	16
RD McAllister ND Gledd RE McTurnan NE Trappe RS2 Armbruster NS1 Harris RS1 Koerwitz NS2 Vonderohe NN Eshelman RN Farley HD Rogers HN Ross mnl	RD Rogers ND McAllister RE Gledd NE McTurnan RS2 Fossum NS1 Eich RS1 Harris NS2 Koerwitz NN Vonderohe RN Eshelman HD Parikh HN Trappe mnl	RD Parikh ND Rogers RE McAllister NE Gledd RS2 Hale NS1 CB/JB RS1 Eich NS2 Harris NN Koerwitz RN Vonderohe HD Fossum HN McTurnan mnl	RD Fossum ND Parikh RE Rogers NE McAllister RS2 Hale NS1 Miller RS1 CB/JB NS2 Eich NN Harris RN Koerwitz HD Cheng HN Gledd mnl	RD Cheng ND Fossum RE Parikh NE Rogers RS2 Hale NS1 Hollingsworth RS1 Miller NS2 CB/JB NN Eich RN Harris HD Johantgen HN McAllister mnl	RD House ND Cheng RE Fossum NE Parikh RS2 Rogers NS1 Hollingsworth RS1 Johantgen NS2 Miller NN CB/JB RN Eich HD Gieselman HN McAllister mnl	RD Farley ND House RE Cheng NE Fossum RS2 Parikh NS1 Hollingsworth RS1 Gieselman NS2 Johantgen NN Miller RN CB/JB HD Armbruster HN Eich mnl
17	18	19	20	21	22	23
RD Eshelman ND Farley RE House NE Cheng RS2 Fossum NS1 Gagan RS1 Armbruster NS2 Gieselman NN Johantgen RN Miller HD McGoff HN Hollingsworth mnl	RD Vonderohe ND Eshelman RE Farley NE House RS2 Cheng NS1 McGoff RS1 Gagan NS2 Armbruster NN Gieselman RN Johantgen HD Ross HN Miller mnl	RD Koerwitz ND Vonderohe RE Eshelman NE Farley RS2 House NS1 Ross RS1 McGoff NS2 Gagan NN Armbruster RN Gieselman HD McAllister HN Johantgen mnl	RD Harris ND Koerwitz RE Vonderohe NE Eshelman RS2 Farley NS1 McAllister RS1 Ross NS2 McGoff NN Gagan RN Armbruster HD Eich HN House mnl	RD Eich ND Harris RE Koerwitz NE Vonderohe RS2 Eshelman NS1 Fossum RS1 McAllister NS2 Ross NN McGoff RN Gagan HD Trappe HN Wilham mnl	RD CB/JB ND Eich RE Harris NE Koerwitz RS2 Vonderohe NS1 Fossum RS1 Trappe NS2 McAllister NN Ross RN McGoff HD Gledd HN Gagan mnl	RD Miller ND CB/JB RE Eich NE Harris RS2 Koerwitz NS1 Hale RS1 Fossum NS2 Trappe NN McAllister RN Ross HD Gledd HN Vonderohe mnl
24	25	26	27	28	29	30
RD Johantgen ND Miller RE CB/JB NE Eich RS2 Hollingsworth NS1 Hale RS1 Gledd NS2 Fossum NN Trappe RN McAllister HD House HN Harris mnl	RD Gieselman ND Johantgen RE Miller NE CB/JB RS2 Hollingsworth NS1 Hale RS1 House NS2 Gledd NN Fossum RN Trappe HD Rogers HN Eich mnl	RD Armbruster ND Gieselman RE Johantgen NE Miller RS2 Hale NS1 Parikh RS1 Rogers NS2 House NN Gledd RN Fossum HD McGoff HN CB/JB mnl	RD Gagan ND Armbruster RE Gieselman NE Johantgen RS2 Hale NS1 Eshelman RS1 Parikh NS2 Rogers NN House RN Gledd HD Hollingsworth HN Miller mnl	RD McGoff ND Gagan RE Armbruster NE Gieselman RS2 Johantgen NS1 Hollingsworth RS1 Eshelman NS2 Parikh NN Rogers RN House HD McTurnan HN Farley mnl	RD Ross ND McGoff RE Gagan NE Armbruster RS2 Fossum NS1 Hollingsworth RS1 McTurnan NS2 Eshelman NN Parikh RN Rogers HD Koerwitz HN Gieselman mnl	RD McAllister ND Ross RE McGoff NE Gagan RS2 Hollingsworth NS1 Farley RS1 Koerwitz NS2 McTurnan NN Eshelman RN Rogers HD Eich HN Armbruster mnl
31						
RD Trappe ND McAllister RE Ross NE McGoff RS2 Gagan NS1 Eich RS1 Farley NS2 Koerwitz NN McTurnan RN Eshelman HD Parikh HN Parikh mnl						

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SAT

CA

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 8

ORTHOPEDIC SURGERY

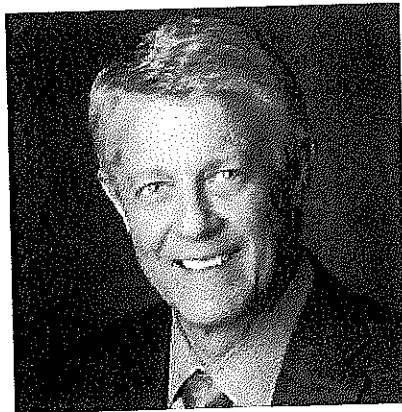
"8. Orthopedic Surgery: There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 8 are met with a letter from Dr. Edward Todderud, M.D. Dr. Todderud is the orthopedic surgery liaison to Community Hospital East trauma service and the Performance Improvement and Patient Safety (PIPS) Committee. The letter affirms commitment to the trauma service and prompt availability of an on-call orthopedic surgeon 24 hours per day. Prompt availability and the appropriateness of the decision to transfer or retain major orthopedic trauma cases will be continuously reviewed by the PIPS process. The letter is also signed by the Trauma Medical Director.

Community Hospital East Orthopedic Liaison to Trauma

Dr. Edward Todderud, M.D., FAAOS



Dr. Todderud received his medical degree from the Indiana University School of Medicine and completed his residency in orthopedic surgery at Southern Illinois University School of Medicine and Affiliated Hospitals in Springfield, Illinois.

Community
Health Network

Community Hospital East
1000 East 10th Street
Indianapolis, Indiana 46204
(317) 331-1000

June 17, 2014

William C. VanNess, II, M.D.-Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

SUBJECT: Community Hospital East's Application for "In the ACS Verification Process" for Level III Trauma Center designation.

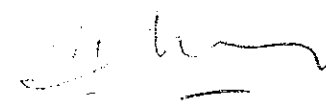
Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Orthopedic Trauma Liaison at Community Hospital East. I am pleased to support Community Hospital East's effort to complete the "In the Process" Level III Trauma Center requirements, including participating as a member of the Performance Improvement and Patient Safety (PIPS) Committee. We will work together to continue to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

The CHE Department of Orthopedics is committed to providing care for patients with traumatic injury. There is an orthopedic surgeon on-call and promptly available 24 hours per day to the Emergency Department.

Respectfully,


Edward Todderud, M.D.
Orthopedic Surgery


Bahjat Chabenne, M.D.
Trauma Medical Director

July 2014/Orthopedic Call Schedule

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 Sraders	2 Sieber	3 Trancik	4 Kahn	5 Feliciano
6 Feliciano	7 Sailer	8 Estes	9 Fink	10 Egwu	11 Fink	12 Sieber
13 Fink	14 Sraders	15 Sexson	16 Feliciano	17 Sieber	18 Sailer	19 Sailer
20 Egwu	21 Feliciano	22 Tancik	23 Egwu	24 Sraders	25 Kerpsack	26 Todderud
27 Doxey	28 Egwu	29 Trancik	30 Sailer	31 Sraders		

C. Melton Doxey, M.D.



Victor Egwu, M.D.



Gregory Estes, M.D.



Brett Fink, M.D.



George Feliciano, M.D.



Ralph Kahn, M.D.



James Kerpsack, M.D.



Eric Leaming, M.D.



Philip Sailer, M.D.



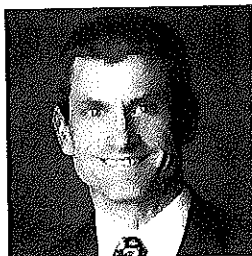
Stephen Sexson, M.D.



Jon Sieber, M.D.



Mariss Sraders, M.D.



Edward Todderud, M.D



Thomas Trancik, M.D.

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 9

NEUROSURGERY

"9. Neurosurgery: The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be agreed upon by the neurosurgical surgeon and the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director."

NARRATIVE RESPONSE AND DISCUSSION

The requirements for section 9 are met with a commitment letter and neurosurgery plan signed by Community Hospital East Neurosurgery liaison to trauma and the Trauma Medical Director. There is a transfer agreement in place with Smith Level I Shock Trauma Center at Eskenazi Health and IU Health/Methodist for adult neurosurgery patients. We have executed a transfer agreement with IU Health/Riley for pediatric patients requiring transfer to a Level I facility for neurosurgical care. CHE Neurosurgeons provide coverage twenty-four hours per day with appropriate OR and surgical ICU facilities. The PIPS program will evaluate all neurosurgical cases to demonstrate appropriate care per ACS standards.



Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

June 17, 2014

William C. VanNess, II, M.D.-Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

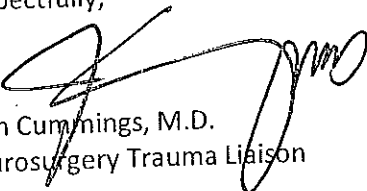
SUBJECT: Community Hospital East's Application for "In the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Neurosurgery Trauma Liaison at Community Hospital East. I am pleased to support Community Hospital East's effort to complete the "In the Process" Level III Trauma Center requirements, including participating as a member of the Performance Improvement and Patient Safety (PIPS) Committee. We will work together to continue to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

The CHE Department of Neurosurgery is committed to providing care for patients with traumatic injury. Our scope of practice will include traumatic brain injury and spinal cord injury conducive to our comfort level. All other injuries will fall under our pre-determined transfer policy.

Respectfully,


John Cummings, M.D.
Neurosurgery Trauma Liaison



Bahjat Chabenne, M.D.
Trauma Medical Director



Community
Health Network

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1500 North Ritter Avenue
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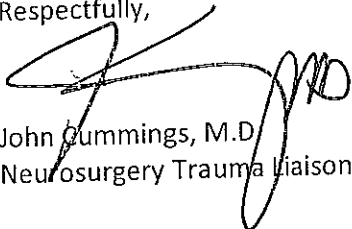
SUBJECT: Community Hospital East's Application for "In the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The following list delineates the general types of injuries that should be considered for rapid transfer to a Level I Trauma Center if a Community Hospital Neurosurgeon and appropriate intensive care resources are not available. This list is included in the general transfer policy.

- Penetrating injury/open fracture with or without cerebrospinal fluid leak
- Intra-cranial hemorrhage
- Depressed skull fracture
- GCS < 11 or deteriorating mental status or lateralizing neurological signs
- Spinal cord injury or major vertebral injury
- Carotid or vertebral arterial injury

Respectfully,



John Cummings, M.D.
Neurosurgery Trauma Liaison



Bahjat Chabenne, M.D.
Trauma Medical Director

Community Hospital East Neurosurgery Liaison to Trauma

Dr. John Cummings



Dr. Cummings joined Community Neurosurgery in 2010. He is a graduate of the Indiana University School of Medicine and is a board-certified neurosurgeon. He has provided complete neurosurgical care to patients at Community Health Network for more than 20 years. In 2010, Dr. Cummings was named the medical director of neurosurgery for Community Health Network. As medical director, Dr. Cummings leads the neurosurgical team in the ongoing growth and development of comprehensive neurosurgery services at Community Hospitals East, North, South and Anderson.

John Cummings, M.D.



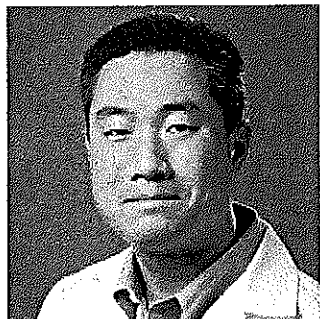
Jill Donaldson, M.D.



David Hall, M.D.



Daniel Kim, M.D.



Matthew Rendel, M.D.



Robert Sloan, Jr., M.D.



July 2014/Neurosurgeon On Call

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 7a-4p Cummings/Sloan 4p-7a Rendel	2 7a-4p Cummings/Sloan 4p-7a Donaldson	3 7a-4p Cummings/Sloan 4p-7a Sloan	4 Hall 24 hour coverage	5 Hall 24 hour coverage
6 Hall 24 hour coverage	7 7a-4p Cummings/Sloan 4p-7a Rendel	8 7a-4p Cummings/Sloan 4p-7a Cummings	9 7a-4p Cummings/Sloan 4p-7a Rendel	10 7a-4p Cummings/Sloan 4p-7a Donaldson	11 7a-4p Cummings/Sloan 4p-7a Kim	12 Kim 24 hour coverage
13 Kim 24 hour coverage	14 7a-4p Cummings/Sloan 4p-7a Rendel	15 7a-4p Cummings/Sloan 4p-7a Hall	16 7a-4p Cummings/Sloan 4p-7a Cummings	17 7a-4p Cummings/Sloan 4p-7a Kim	18 7a-4p Cummings/Sloan 4p-7a Sloan	19 Sloan 24 hour coverage
20 Sloan 24 hour coverage	21 7a-4p Cummings/Sloan 4p-7a Donaldson	22 7a-4p Cummings/Sloan 4p-7a Cummings	23 7a-4p Cummings/Sloan 4p-7a Kim	24 7a-4p Cummings/Sloan 4p-7a Sloan	25 7a-4p Cummings/Sloan 4p-7a Cummings	26 Cummings 24 hour coverage
27 Cummings 24 hour coverage	28 7a-4p Cummings/Sloan 4p-7a Donaldson	29 7a-4p Cummings/Sloan 4p-7a Rendel	30 7a-4p Cummings/Sloan 4p-7a Hall	31 7a-4p Cummings/Sloan 4p-7a Donaldson		
						7

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 10

TRANSFER AGREEMENTS

"10. Transfer Agreements: The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 10 are met with a signed copy of the Community Hospital East Transfer Criteria Guidelines and copies of transfer agreements with Level I adult and pediatric hospitals.

CHE has established a relationship with the new Smith Level I Shock Trauma Center at Eskenazi Health. The transfer agreement covers adult Level I patients including those requiring neurosurgical and burn care. We anticipate many opportunities for training and performance improvement feedback with Smith Level I Shock Trauma

A copy of the transfer agreement between CHE and IU Health is included. CHE has enjoyed a strong relationship with IU/Methodist and IU/Riley for many years. The agreement covers transfers of Level I adult patients to Methodist and Level I pediatric patients to Riley.

We anticipate that all three Level I facilities will be valuable resources as we continue to develop our high-quality Level III Trauma Center.



Trauma Transfer Guidelines

- The on call Trauma Surgeon or Emergency Department physician will decide which patients are to be transferred to a higher level of care.
- The injuries listed below are strongly recommended by the American College of Surgeons to be transferred to a level I or level II designated center.
 - ✓ Carotid or vertebral arterial injury
 - ✓ Torn thoracic aorta or great vessel
 - ✓ Cardiac rupture
 - ✓ Bilateral pulmonary contusion with PaO₂ to FiO₂ ratio less than 200
 - ✓ Major abdominal vascular injury
 - ✓ Grade IV or V liver injuries requiring >6 U RBC transfusion in 6 hours
 - ✓ Unstable pelvic fracture requiring > 6 U RBC transfusion in 6 hours
 - ✓ Fracture or dislocation with loss of distal pulses
 - ✓ Penetrating injury or open fracture of the skull
 - ✓ Glasgow Coma Scale < 14 or lateralizing neurologic signs
 - ✓ > 2 unilateral rib fractures or bilateral rib fractures with pulmonary contusion
 - ✓ Open long bone fracture
 - ✓ Significant torso injury with advanced comorbid disease
- The on call trauma Surgeon or Emergency Department physician will call _____ for all patients being transferred to Eskenazi and will be connected directly to Eskenazi's on call trauma surgeon.
- For patients being transferred to IU Health the Surgeon or Emergency Department physician will call the IU Health 24/7 Transfer Center at _____
- The Surgeon or Emergency Department physician will decide if the patient travels via ground or aeromedical transportation with the most appropriate level of care (ALS, BLS).
- There will not be any delay in transfer due to laboratory or diagnostic testing that does not have any impact on the resuscitation of the patient.
- The transferring RN will complete the transfer checklist.
- The transferring RN will call report to the receiving facility.
- The transferring RN will complete the transfer form (electronic and paper).
- The transferring RN will accompany the patient when deemed necessary by the Surgeon or Emergency Department physician.



Community Health Network

CORPORATE NURSING POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ CHVH
CANCELS: 3/1/11

NPP#: ED: T-010

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EFFECTIVE: 11/8/13

TITLE: TRANSFER/DISMISSAL FROM THE EMERGENCY DEPARTMENT (ED)

Performed by: RN, LPN, SE, EMT-P, PST

Purpose: To provide guidelines for dismissing or transferring a patient from the ED.

Policy Statements: None.

General Information: None.

Equipment: Equipment as required by patient condition (eg, monitor, pumps, etc.).

Procedure:

1. Obtain a new set of vital signs prior to dismissal.
2. Transfers
 - A. Intra Hospital --give report between ED nursing staff and receiving unit nursing staff. (Refer to CLN 3025, "Handoff Communication").
 - a. An ACLS/PALS certified RN transports patients admitted to critical/intensive/PICU level of care. Patients admitted to progressive level of care may be transported by any ACLS certified staff member.
 - b. If patient is hemodynamically stable and on telemetry admitted to Medical-Surgical/Pediatrics level of care, the patient may be transported by RN delegated personnel.
 - B. Inter Hospital --Refer to CLN#: 2031, Emergency Medical Screening, Stabilization and Transfer.
3. Dismissal of Patients from the Emergency Department.
 - A. Provide instructions, prescriptions, work excuses, and appropriate patient/family teaching is (RN discharging patient).
 - B. If the patient is a minor, give instructions to guardian or an adult present with minor.

Documentation Guidelines: In electronic medical record:

1. Vital signs at discharge/ transfer.
2. Report given and to whom.
3. Discharge instructions with patient response.
4. Assessment of patient at discharge.

References: None, Internal Policy

Approved by: ED NPP Committee
Infection Prevention
Risk Management

Date: 9/24/13

Date: 9/30/13

Date: 10/8/13

Approved: NPP Steering Committee

Date: 10/9/13



Community Health Network

CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH
CANCELS: 12/08, 1/23/09

CORP: CLN-2031

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EFFECTIVE: 5/18/12

TITLE: EMTALA: EMERGENCY MEDICAL SCREENING, STABILIZATION AND TRANSFER

Background and Purpose: This policy outlines the responsibilities of the Community Health Network hospitals (Hospitals) under the Emergency Medical Treatment and Labor Act (EMTALA). EMTALA was enacted in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act of 1985, primarily in response to concern that some emergency departments across the country had refused to treat indigent and uninsured patients or had inappropriately transferred them to other hospitals, a practice known as "patient dumping." EMTALA requires hospitals that participate in Medicare to provide a medical screening examination to any person who comes to the emergency department, regardless of the individual's ability to pay. If a hospital determines that the person has an emergency medical condition, it must provide treatment to stabilize the condition or provide for an appropriate transfer to another facility. Along with these primary responsibilities, EMTALA also places additional, related responsibilities on participating hospitals.

Policy:

1. **Definitions.** The following words or terms used in this policy have the definitions given below:

- a. "Capacity" means the ability of the Hospital to accommodate the individual requesting examination or treatment of the transferred individual. "Capacity" includes such things as numbers and availability of qualified staff, beds and equipment, and the Hospital's past practices of accommodating additional patients in excess of its occupancy limits.
- b. "Comes to the emergency department" means the individual:
 - i. Has presented at the Hospital's emergency department (ED) and requests examination or treatment for a medical condition, or has such a request made on his or her behalf. A "request" for examination or treatment under this policy will be considered to have occurred if, based upon the individual's appearance or behavior, a prudent layperson observer would believe that the individual needs examination or treatment for a medical condition;
 - ii. Has presented on Hospital property (other than the ED) and requests examination or treatment for what may be an emergency medical condition;
 - iii. Is in a ground or air ambulance owned and operated by the Hospital, even if the ambulance is not on Hospital property, unless (1) the ambulance is operated under community-wide EMS protocols that direct it to transport the individual to another hospital; or (2) the ambulance is operated at the direction of a physician who is not employed or otherwise affiliated with the Hospital;
 - iv. Is in a ground or air ambulance NOT owned by the Hospital, but is on Hospital property for examination and treatment for a medical condition at the Hospital's ED. This is true even if Hospital personnel correctly informed EMS personnel of the Hospital being on official diversionary status and the EMS personnel disregarded that information and brought the individual onto Hospital property anyway¹.
- c. "Dedicated emergency department" (DED) means any department or facility of the Hospital, whether on or off the main campus of the Hospital, that
 - i. Is licensed by the State as an emergency department;

¹ If the Hospital is officially on diversionary status and EMS personnel contact the Hospital by radio or phone to transport an individual, Hospital personnel may direct the ambulance to another facility. However, if the ambulance comes to the Hospital anyway, the Hospital now has an EMTALA obligation to the individual being transported.



Community Health Network

CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH
CANCELS: 12/08, 1/23/09

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EFFECTIVE: 5/18/12

- ii. Holds itself out to the public as a place that provides care for emergency medical conditions on an urgent basis without requiring an appointment (this includes the Network's Family Rooms, Behavioral Health Pavilion, and MedChecks); or
 - iii. Has provided at least one-third of its outpatient services in the last calendar year on an urgent basis without requiring prior appointments.
 - d. "Emergency Medical Condition" or (EMC) means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms or substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - i. Placing the health of the individual (or with respect to a pregnant woman, placing the health of the woman or the unborn child) in serious jeopardy;
 - ii. Serious impairment to bodily functions; or
 - iii. Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions:

 - i. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - ii. That transfer may pose a threat to the health or safety of the woman or the unborn child.
 - e. "Hospital property" means the entire main Hospital campus (defined as the physical area immediately adjacent to the main hospital buildings and other hospital areas and structures that are within 250 yards of the main buildings), including the parking lot, sidewalk, and driveway, but excluding other areas or structures of the Hospital's main building that are not part of the Hospital, such as physician offices or non-medical facilities.
 - f. "Labor" means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta.
 - g. "Stabilize" means, with respect to an emergency medical condition, to provide medical treatment of the condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to occur during the transfer of the individual from a facility or that the woman has delivered the child and the placenta.
 - h. "Transfer" means the movement (including the discharge) of an individual outside the Hospital's facilities at the direction of any person employed by, affiliated or associated, directly or indirectly, with the Hospital.
2. Hospital Responsibilities Under EMTALA. All hospitals with a dedicated emergency department, must provide an appropriate medical screening examination for any individual who comes to the emergency department to determine whether an emergency medical condition exists. If an emergency medical condition is determined to exist, the Hospital must provide any necessary stabilizing treatment and/or an appropriate transfer.

The Hospital's EMTALA obligation is also triggered if an individual comes elsewhere on Hospital property (that is, other than the ED) and either requests examination and treatment for an EMC or appears to be, from the perspective of a prudent layperson, suffering from an EMC. For all areas outside of the ED on Hospital property, if a health care professional or other individual is not available or unable to escort/transport the individual to the ED, 911 should be called. 911 responders can provide treatment and/or transfer the individual to the ED. Exception: For an individual experiencing cardiopulmonary arrest within the hospital or



Community Health Network

CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH
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certain other designated areas as set forth in the Cardiopulmonary Resuscitation Policy (CLN #2005), the Code Blue Team should be summoned.

EMTALA does NOT apply to Hospital inpatients or to registered outpatients who have begun to receive a scheduled course of outpatient care. However, other policies of CHNw and laws and regulations apply to inpatients and registered outpatients that must be followed.

- a. Medical Screening Examination. The Hospital must provide an appropriate medical screening examination (MSE). An "appropriate MSE" is
- An exam that is performed within the capability of the Hospital's emergency department, including any ancillary services routinely available to the ED (i.e., x-ray, lab services, etc.), to determine if an emergency medical condition exists or not;
 - The ongoing process required to reach, with reasonable clinical confidence, the point at which it can be determined whether a medical emergency does or does not exist;
 - Reflected in the medical record with continued monitoring according to the patient's needs until he/she is stabilized or appropriately transferred; and
 - Is the same MSE that the Hospital would perform on any individual coming to the ED with the same signs and symptoms, regardless of the individual's ability to pay for medical care.

At CHNw, individuals that are qualified to perform an MSE at a Hospital are members of the Hospital's medical staff (physician, resident or allied health professional members) with the appropriate clinical privileges, or the employees designated in this Policy. Specifically, those individuals who may perform the MSE are as follows:

- General medical screening exams: Emergency department physicians; emergency department allied health professionals; and other physician, resident or allied health professional members of the medical staff with appropriate clinical privileges.
- MSEs on pregnant women:
 - Emergency department physicians; emergency department allied health professionals; other physician, resident or allied health professional members of the medical staff with appropriate clinical privileges; or registered obstetrical nurses with required competencies.
 - A pregnant woman having contractions will be considered to be in true labor unless a physician certifies, after a reasonable time of observation, that the woman is in false labor. This may be done directly by the physician or by the physician in telephone consultation with another provider performing the exam. Certification done by telephone consultation must be documented as a physician's order and countersigned by the physician within 24 hours.
- MSEs for mental health issues:
 - Those individuals presenting to ED may receive the MSE by emergency department physicians; emergency department allied health professionals; other physician, resident or allied health professional members of the medical staff with appropriate clinical privileges; or licensed Behavioral Health Services clinical staff in consultation with a physician.



Community Health Network

CORPORATE CLINICAL POLICY AND PROCEDURE

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2. Those individuals presenting to the Behavioral Health Pavilion may receive the MSE by licensed Crisis Department clinical staff in consultation with a physician, or by a physician or allied health professional member of the medical staff with appropriate clinical privileges.
- b. Stabilizing Treatment. If it is determined that the individual has an EMC, the Hospital, within the capabilities of the staff and facilities at the Hospital, must provide the treatment required to stabilize the individual's medical condition.
- c. Delays in Examination or Treatment.
 - i. A medical screening examination or treatment for an emergency medical condition may not be delayed in order to inquire about the individual's method of payment or insurance status.
 - ii. Delays in the MSE or stabilizing treatment may not occur in order to obtain pre-certification or authorization for reimbursement or treatment from any third party payer, HMO, PPO, or primary medical provider.
 - iii. However, reasonable registration processes may occur, including inquiring about insurance, as long as the registration process does not delay examination/treatment or unduly discourage individuals from remaining for further evaluation.
 - iv. Refusing to take over an individual's care from EMS providers who have brought the individual to the Hospital DOES NOT delay or rid the Hospital of its obligations to the individual under EMTALA. This is true even if the Hospital is officially on diversionary status. Remember, once an individual is on Hospital property and has requested, or reasonably appears to be in need of, a medical screening exam for a medical condition, the Hospital's EMTALA obligations have been triggered.
 - v. A minor child can request examination or treatment for an EMC. Delay in examination or treatment the MSE by waiting for parental consent should not occur. If, after screening the minor, it is determined that no EMC is present, it is permissible to wait for parental consent before proceeding with further examination and treatment.
- d. Restricting Transfer Until Stabilized. If an individual has an EMC and has not been stabilized, the individual will not be transferred unless:
 - i. An "appropriate transfer" (defined below) is made;
 - ii. The individual (or a legally responsible person acting on the individual's behalf) requests the transfer after being informed of the Hospital's obligations under EMTALA and the risks of transfer. This request must be in writing and must indicate that he or she is aware of the risks and benefits of the transfer; or
 - iii. A physician certifies that the medical benefits reasonably expected from the provision of medical treatment at another facility outweigh the risks to the individual or, in the case of a pregnant woman, to the woman or the unborn child, from being transferred. If a physician is not physically present, a qualified medical person must make the transfer in consultation with the physician. The certification must be documented on the Transfer Form and



Community Health Network

CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH

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the physician must countersign the certification. All certifications must contain a summary of the risks and benefits to the individual.

- e. Perform an "Appropriate Transfer". An appropriate transfer under EMTALA is one in which: (Utilize transfer form N556-0702 ESI# 10377)
 - i. The Hospital provides medical treatment within its capacity that minimizes the risk to the individual's health, or the woman and unborn baby's health;
 - ii. Is made to a facility that has available space and qualified personnel for the individual's treatment and has agreed to the transfer and to provide the appropriate medical treatment;
 - iii. The Hospital sends copies of all medical records related to the presenting EMC that are available at the time of the transfer to the receiving facility, and copies of any other records not available at the time of the transfer to the receiving facility as soon as possible after the transfer;
 - iv. The transfer is made through qualified personnel and transportation equipment, as required, including the use of appropriate life support measures during the transfer; and
 - v. Communications to the receiving hospital are appropriate, i.e., physician to physician, nurse to nurse, therapist to therapist.
- f. Responsibilities as a Recipient Hospital: If the Hospital has specialized capabilities or facilities such as neo-natal intensive care units or shock-trauma units, it may not refuse a transfer of an individual who is in need of such specialized care, as long as it has the capacity to treat the individual.
- g. At Community Hospitals:
 - i. A private physician may only accept a transfer as a direct admit when previous arrangements have been made by the private physician with the admitting office and only if a bed is available.
 - ii. A private physician may accept transfer of an unstable patient for specialized care that is not available at the sending hospital, if the sending physician certifies that the benefits outweigh the risk. Ideally the patient is sent directly to the point of care; however, the patient may be sent to the ED if a bed is not available. For unstable patients being sent to the ED, there must be communication between the private physician and the emergency department physician.
 - iii. When a potential EMTALA violation is identified, a Confidential Peer Review Report must be completed and forwarded to Quality Resources within 24 hours. (See CLN-2006, Confidential Peer Review Reports, Sentinel Events and Medical Error/ Adverse Outcomes Disclosure).
- 3. Limited Exceptions to EMTALA Obligations. In addition to EMTALA not applying to inpatients or to a registered outpatient who has begun a course of outpatient treatment, EMTALA does not apply, or the Hospital is considered to have met its obligations under EMTALA, if:
 - a. After an MSE, the individual refuses further examination and stabilizing medical treatment. A description of the examination and/or treatment that was refused by the individual (or refused on his or her behalf) must be documented in the medical record. In addition, Hospital personnel must take all reasonable steps to get the individual to sign a written refusal which includes a statement of the risks and benefits of the examination and/or treatment.



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- b. The individual does not consent to an appropriate transfer after being informed of the risks and benefits of such a transfer. A description of the proposed transfer must be documented in the medical record and Hospital personnel must take all reasonable steps to get the refusal to consent (including risks and benefits associated with the transfer) in writing. If the individual refuses to consent to the transfer, he or she will be treated within the capabilities of the Hospital and Hospital personnel.
 - c. The Centers for Medicare and Medicaid Services issues an advisory notice that in response to a declared emergency or disaster and a declared public health emergency, that it is waiving sanctions for the redirection of individuals seeking MSEs when a state emergency preparedness plan or pandemic preparedness plan has been activated in the Hospital's area, or for inappropriate transfers arising out of the circumstances of the emergency. Hospital personnel will NOT implement changes under this section unless specifically instructed to by Hospital Administration.
4. Other Responsibilities Under EMTALA. In addition to the primary obligations listed above, the Hospitals also have other responsibilities under EMTALA.
- a. Signage.
 - i. The Hospital must post signs conspicuously in the ED or in other places likely to be notices by all individuals entering the ED, as well as by individuals waiting for examination and treatment in other areas, such as entrances, admitting areas, waiting rooms and treatment areas.
 - ii. These signs must (1) specify the rights individuals have with respect to examination and treatment for emergency medical conditions and labor under EMTALA; and (2) indicate that the Hospital participates in the Medicaid program.
 - iii. The wording of the signs must be clear, simple and in languages that are understandable by the population served by the Hospital.
 - b. Central Log: CHNw Process
 - i. The Hospital must maintain a central log on each individual who comes to the ED seeking assistance and indicate in the log whether he or she refused treatment, was refused treatment, or whether he or she was transferred, admitted and treated, stabilized and transferred or discharged.
 - ii. Departments may use computerized or manual logs as long as all required information is captured and easily retrievable.
 - iii. Logs must be maintained in such a manner as to prevent unauthorized persons from viewing patient information.
 - iv. All logs must be kept in a central location in each department and be retained for at least 7 years.
 - c. On-call Physicians: CHNw Process

The Hospital must maintain a list of physicians who are on call for duty after the initial examination to provide treatment necessary to stabilize an individual with an emergency medical condition.

 - i. The individual physician's name and not the group name must be on the schedule.
 - ii. The request for contact with any on-call physician shall be made by or at the direction of the ED/attending physician or Crisis therapist.



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- iii. The on-call physician, if requested, is obligated to come on site within 60 minutes to provide further examination and/or stabilizing treatment.
- iv. If there is a disagreement between the ED/attending physician and the on-call specialist regarding the patient's care, the physician who is on-site providing direct care makes the final decision.
- v. If an on-call physician fails to respond by ED/attending physician will contact the department chairperson for the appropriate specialty who will secure immediate coverage. A Confidential Peer Review Report must be completed.
- vi. If the on-call physician's refusal or delay in treatment of the patient results in the transfer of the patient, the physician's name and address must be documented on the Transfer Form in order to comply with EMTALA. In addition, a Confidential Peer Review Report must be completed.

References:

Federal Regulations: 42 United States Code 1395dd; aka Section 1867 of Social Security Act, aka Section 1921 of Consolidated Omnibus Reconciliation Act of 1985; revised 1997; revised 1999; revised 2000; revised 2005

The EMTALA Answer Book; 2005 Edition, Moy, Mark M.: Aspen Publishers, 2005

Practice Management "EMTALA final Rule," Issued September 9, 2003, effective November 10, 2003. Prepared by the American Medical Association (AMA)

Emergency Department Compliance and Reimbursement Insider 2000

42 U.S.C § 1395dd (Examination and Treatment for Emergency Medical Conditions and Women in Labor.

State Operations Manual, Appendix V-Interpretive Guidelines. Responsibilities of Medicare Participating Hospitals in Emergency Cases. (Rev. 1, 05-21-04).

42 C.F.R. § 489.20 (2007).

73 FR 48433 (8/19/08).

68 FR 53222 (9/9/03).

Formulated by: Quality Resources
Legal Counsel

Approved by: Quality Resources
Legal Counsel
Medical Staff Office
Infection Prevention
TIHH

Date: 05/12
Date: 04/12
Date: 12/08
Date: 05/12
Date: 5/12

Approved: CNO Designee

Date: 05/12

Approved: _____
Chief Operations Officer

Date: _____



Community Health Network

CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH
CANCELS: 12/08, 1/23/09

CORP: CLN-2031

Page 8 of 14

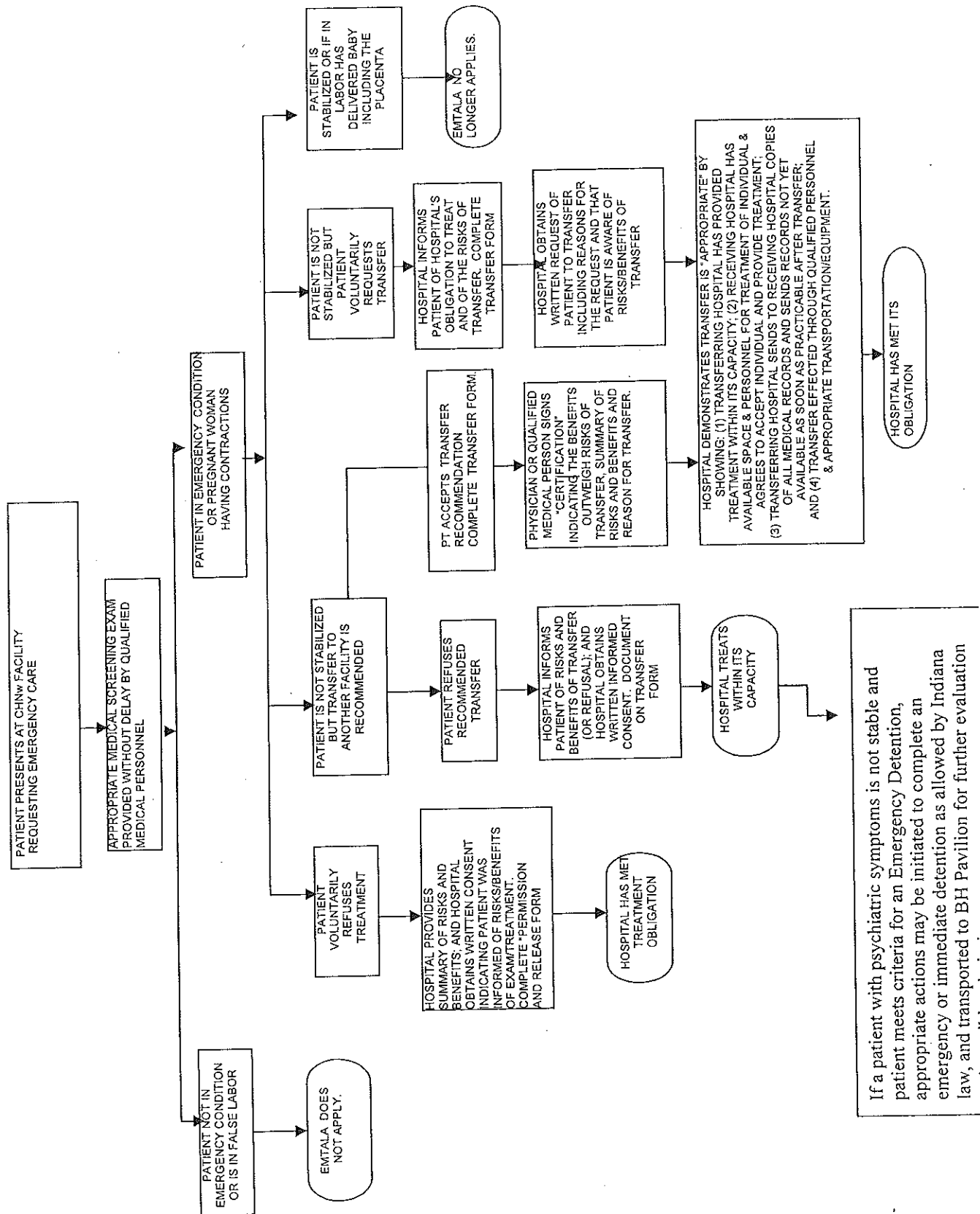
EFFECTIVE: 5/18/12

GENERAL TRANSFER CHECKLIST TOOL

- ☐ 1. Obtain physician/off site designee certification. (NOT REQUIRED FOR PATIENT REQUEST)
- ☐ 2. Obtain patient consent. (If patient refuses – STOP! PATIENT DOES NOT TRANSFER.)
- ☐ 3. Complete transfer form.
- ☐ 4. Verify, that physician/off site designee has documented risks and benefits of transfer in patient record.
- ☐ 5. Verify that physician/off site designee has contacted receiving physician, who accepts patient.
Document on chart and on transfer form.
- ☐ 6. Verify receiving facility has available space and personnel and call report.
Document on transfer form.
- ☐ 7. Call for appropriate mode of transportation.
Document on transfer form.
- ☐ 8. Recheck vital signs immediately before transfer.
Document on transfer form
- ☐ 9. For in-house, document names of all on-call physicians and consult/arrival times.
- ☐ 10. Send copies of all medical records:
 - Nursing documentation, 100%
 - Physician documentation, 100%
 - Consent
 - Transfer Form
 - X-Rays
 - Lab results
 - Other diagnostic results
 - Document in chart
- ☐ 11. For in-house, if the physician refused to care for patient:
 - Complete Transfer Form – *Physician Care Unavailable Only*
 - Call the following and document on the transfer form:
 - Chief, refusing MD's department
 - Chief, Medical Staff
 - Administrator on-call
 - Also call:
 - Risk Management within 24 hours
 - Department Clinical Director or designee on-call
 - Document name and address of refusing/unavailable MD on transfer form
 - Complete Confidential Peer Review and turn in to Clinical Director

Make additional copies of this form as needed

COMMUNITY HOSPITALS INDIANAPOLIS MEDICAL SCREENING AND TRANSFER PROCESS



If a patient with psychiatric symptoms is not stable and patient meets criteria for an Emergency Detention, appropriate actions may be initiated to complete an emergency or immediate detention as allowed by Indiana law, and transported to BH Pavilion for further evaluation



Community Health Network

CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH

CANCELS: 12/08, 1/23/09

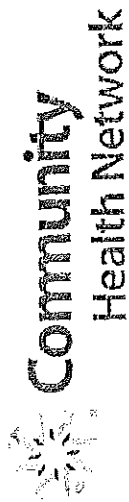
CORP: CLN-2031

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EFFECTIVE: 5/18/12

VII. EMTALA Monthly Audit Process

- A. Each CHNw Emergency Department will conduct its own monthly EMTALA audits using the attached spreadsheet.
 - B. Minimum of five Transfer audits to be completed monthly.
 - C. Instructions for Spreadsheet:
 - Transfer paperwork completed
 - a. To obtain a 1 = yes
 - i. A transfer form must be completed and signed by patient or family member; or patient not competent to sign checked.
 - ii. Corresponding transfer certification completed and signed by transferring physician or patient initiated request for transfer signed (no certification required by MD).
 - iii. Documentation portion of form completed
 - 1. RN to RN contact
 - 2. Mode of travel
 - 3. Copies of paperwork
 - 4. Vital signs before transfer
 - b. To obtain a 0 = no
 - i. Any one thing from above not completed results in an incomplete transfer form.
 - 2. Condition of Patient
 - a. Triage category listed
 - i. Emergent
 - ii. Urgent
 - iii. Non-urgent
 - 3. Medical Screening Exam (MSE) Performed
 - a. Yes or No
 - 4. On-call time and response time documented
 - a. Yes or No
 - 5. On-call response time documented
 - a. Yes or No
 - 6. Peer review form completed if no response to on-call
 - a. Yes or No
 - 7. Condition stated after MSE
 - a. Yes or No
 - 8. Registered Nurse
 - a. Name of RN on transfer from
 - 9. Comments
- D. If a negative trend is discovered during the EMTALA audits, then an additional ten audits will be done for that month to see if a pattern develops (i.e.: particular RN or MD) and then counsel as appropriate.



CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH

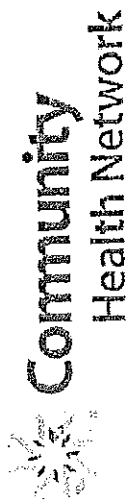
CANCELS: 12/08, 1/23/09

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EFFECTIVE: 5/18/12

#	MR #	DOS	Transfer Paperwork Complete	Condition of Patient	Medical Screening Exam (MSE) Performed (yes/no)	Timeliness Documented	On-Call, Call Time and Response Time Documented	On-Call Response Documented	Peer Review Form Complete if no response	Condition Stated AFTER MSE	RN	Comments
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
Total Records Reviewed			0		0	0	0	0	0	0	0	
# Correct			0		0	0	0	0	0	0	0	
# of Errors			0		0	0	0	0	0	0	0	
Error Rate					#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	



CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH

CANCELS: 12/08, 1/23/09

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EFFECTIVE: 5/18/12

NS=Not Stated	1=Yes	E=Emergent	1=Yes	1=Yes	1=Yes	1=Yes	1=Yes
n/a=not applicable	0=No	U=Urgent	0=No	0=No	0=No	0=No	0=No
		N=Non-urgent					

Transfer paperwork completed

A. To obtain a 1 = yes

1. A transfer form must be completed and signed by patient or family member; or patient not competent to sign checked
2. Corresponding transfer certification completed and signed by transferring physician or patient initiated request for transfer signed (no certification required by MD)
3. Documentation portion of form completed
 - a. RN to RN contact
 - b. Mode of travel
 - c. Copies of paperwork
 - d. Vital signs before transfer

B. To obtain a 0 = no

Any one thing from above not completed results in an incomplete transfer form

Condition of Patient

Triage category - emergent, urgent, and non-urgent

Medical Screening Exam (MSE) Performed

Yes or No

Timeliness Documented

??What are we considering timely? Is this timeliness of MD in performing MSE??

On-Call Time and Response Time Documented

ED MD's document times referring or attending MD called/paged.

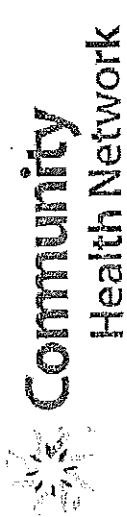
On-Call Response Time Documented

Yes or No

Peer Review form Completed if No Response to On-Call

Yes or No

Condition Stated After MSE



CORPORATE CLINICAL POLICY AND PROCEDURE
Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH
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Page 5 of 14
EFFECTIVE: 5/18/12

Yes or No

RN

Name of RN on transfer form

Comments

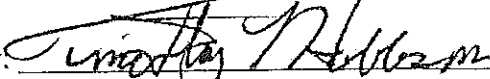
What ever you like.

- XVIII. Waiver. The failure of either party to insist in any one or more instance upon the strict performance of any of the terms or provisions of this Agreement by the other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect.
- XIX. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be unenforceable, invalid or illegal, such unenforceability, invalidity or illegality shall not affect any other provision hereof, and this Agreement shall be construed as if such provision had never been contained herein.
- XX. Section and Other Headings. The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- XXI. Amendments. This Agreement may be amended only by an instrument in writing signed by the parties hereto.
- XXII. Entire Agreement. This Agreement is the entire Agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.
- XXIII. Execution. This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of HOSPITAL and IU Health by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and IU Health have executed this Agreement the 1st day of June, 2014.

HOSPITAL:

COMMUNITY HEALTH NETWORK

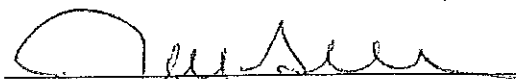
By: 

Title: Chief Physician Executive

AND

IU HEALTH:

INDIANA UNIVERSITY HEALTH, INC.

By: 

Jeffrey Sperring, M.D.
President, IU Health Methodist, Riley and
University Hospitals

unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.

13.2. Termination.

13.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.

13.2-2 The Agreement shall terminate immediately and automatically if (i) either IU Health or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.

13.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.

XIV. Notices. Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail, documented courier service delivery or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

HOSPITAL

Community Health Network
7330 Shadeland Station
Indianapolis, IN 46256

Attention: President/CEO
General Counsel

IU Health

Indiana University Health, Inc.
340 West 10th Street, Suite 6100
Indianapolis, IN 46206-1367

Attention: President/CEO
General Counsel

XV. Assignment. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein.

XVI. Nonexclusive Clause. This is not an exclusive Agreement and either party may contract with other institutions for the transfer of patients while this Agreement is in effect.

XVII. Governing Law. This Agreement shall be construed and governed by the laws of the State of Indiana. The venue for any disputes arising out of this Agreement shall be Marion County, Indiana.

- VIII. Transfer of Personal Effects and Valuables. Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties and subject to the instructions of the attending physician and of the patient and his or her family where appropriate. A standard form shall be adopted and used for documenting the transfer of the patient's personal effects and valuables. HOSPITAL shall be responsible for all personal effects and valuables until such time as possession is accepted by IU Health.
- IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.
- X. Return Transfer of Patients. HOSPITAL will accept transferred patients back from IU Health when medically appropriate and in the best interests of the patient.
- XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and IU Health shall each maintain professional and general liability insurance coverage with limits reasonably acceptable to the other party. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and IU Health shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request.
- XII. Indemnification.
- 12.1. HOSPITAL Indemnification. HOSPITAL agrees that it will indemnify and hold harmless IU Health, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the sole negligent act or negligent failure to act of HOSPITAL or any of its agents or employees.
- 12.2. IU Health Indemnification. IU Health agrees that it will indemnify and hold harmless HOSPITAL, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of personal injury or property damage of whatsoever nature or kind, arising out of or as a result of the sole negligent act or failure to act of IU Health or any of its employees or agents.
- XIII. Term and Termination.
- 13.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods¹⁹

Health's Medical Staff Bylaws and Rules and Regulations. IU Health is not required to give priority of admission to patients to be transferred from HOSPITAL over patients from other transferring facilities. IU Health reserves the right to decline acceptance of a HOSPITAL patient transfer if IU Health is on diversion or otherwise does not have appropriate, available resources to treat the patient.

- IV. Medicare Participation. During the term of this Agreement, and any extensions thereof, HOSPITAL and IU Health agree to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain approved providers thereunder. HOSPITAL and IU Health shall each be responsible for complying with all applicable federal and state laws.
- V. Compliance. HOSPITAL and IU Health agree that any services provided under this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to IU Health and/or HOSPITAL, including, but not limited, to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) - "HIPAA" and Title XVIII, Part D of the Social Security Act (42 U.S.C. § 1395dd) - "EMTALA". Furthermore, HOSPITAL and IU Health shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which HOSPITAL and/or IU Health is subject now or in the future including, without limitation, the Standards of Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that HOSPITAL and IU Health are at all times in conformance with all Laws. If, within ninety (90) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement immediately.
- VI. Interchange of Information and Medical Records. HOSPITAL and IU Health agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by HOSPITAL and IU Health in advance, when possible, and where permitted by applicable law. HOSPITAL shall commit to subscribing to a spoke connection to the IU Health Radiology Cloud in order to enhance the timely transmission and reading of diagnostic images at IU Health for transferred patients, particularly trauma patients.
- VII. Consent to Medical Treatment. To the extent available, HOSPITAL agrees to provide IU Health with information and assistance, which may be needed by, or helpful to, IU Health in securing consent for medical treatment for the patient.

**TRANSFER AGREEMENT
BETWEEN
COMMUNITY HEALTH NETWORK
AND
INDIANA UNIVERSITY HEALTH, INC.**

THIS AGREEMENT is entered into, by and between Community Health Network, Inc. an Indiana nonprofit corporation and its subsidiaries Community Hospital South, Inc. and Community Howard Regional Health, Inc. (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health").

WHEREAS, HOSPITAL is the owner and operator of hospitals commonly referred to as Community Hospital North, Community Hospital East, Community Hospital South, and Community Howard Regional Health;

WHEREAS, the IU Health Academic Health Center in Indianapolis, Indiana includes IU Methodist Hospital, Riley Hospital for Children and IU University Hospital, a Level I adult trauma center at IU Methodist Hospital, a Level I pediatric trauma center at Riley Hospital, specialized research and teaching institutions, physician group practices and clinics, and other organizations related to the delivery and management of health care services; and

WHEREAS, HOSPITAL wishes to maintain a written agreement with IU Health for timely transfer of patients, including trauma patients, between their facilities;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

- I. Autonomy. The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective facilities, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.
- II. Transfer of Patients. Whenever a transfer of a patient from HOSPITAL to IU Health is determined by medical staff at HOSPITAL to be medically necessary and appropriate, HOSPITAL shall notify IU Health of the proposed transfer request and provide such medical and personal patient information as necessary and appropriate to assist IU Health in evaluating and assuming the medical care of the patient upon patient's arrival. IU Health and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer. HOSPITAL shall give notice to IU Health as far in advance as reasonably possible of a proposed transfer. HOSPITAL shall arrange for transportation of the patient. IU Health shall not be responsible for the notification and the safe transfer of the patient to the applicable IU Health facility except to the extent that IU Health is actually involved in providing the transport service.
- III. Admission Priorities. Admissions to IU Health shall be in accordance with IU Health's general admission policies and procedures and in accordance with IU₂₁



COMMUNITY PHYSICIAN NETWORK – COMMUNITY PHYSICIANS OF INDIANA PREPARATION/APPROVAL PROCESS FOR SERVICE CONTRACTS

TYPE OF CONTRACT Service Agreement – Transfer Agreement
CONTRACTOR IU Health Hospitals

INITIATION/PREPARATION:

Originator: Ron Lewis
Department: Neurology
Location: _____
Telephone: _____
Responsibility for Drafting: _____
Outside Party Legal X

A. LEGAL
Reviewed: _____ Approved: _____
By: Template Date: _____

RETURN TO Cathy Leonard AFTER EACH APPROVAL STEP

B. CONTRACT SUMMARY

COST \$ N/A Hr./Mo./Yr. Ea.
RM: June 1 20 14 to *May 31 20 15

PURPOSE & DETAILS:

Renews annually in successive one-year terms
Transfer agreement between CHNw and IU Health, which
includes IU Methodist, Riley and IU University hospitals, to
transfer a patient from CHNw to above hospital(s) when
medically necessary.

C. Is a Bus. Assoc. Agree. Req. under HIPAA
Privacy Rules?
YES Included NO _____

D. FORECASTED
YES _____ NO _____
If no, please explain:
N/A

E. PURCHASING Approved?
YES _____ NO _____
o, please explain:

F. OWNER
By: Ron Lewis
See Attached Date: 5/16/2014

J. CPN COO
By: [Signature]
Tony Javorka Date: 6/25/14

K. CPN PRESIDENT
By: [Signature]
Dr. Ramarao Yeleti Date: 6/24/14

J. CPE Chief Physician Executive
By: [Signature]
Dr. Tim Hobbs Date: 6/25/14

K. DISTRIBUTION OF CONTRACT AFTER
FULL EXECUTION:
1. Scanned copy saved to G: drive
2. Original mailed via Interoffice to Legal
4. Enter into Contract Tracking Database
5. Email scanned copy to:

Dept.	Person(s)	Date
*CPN Contract Notification		
Copy to Originator		

L. Send One Original Contract to address below:

Indianapolis, IN 46202

COMMUNITY HEALTH NETWORK:
Community Hospital Network
Attn: Legal Department
7330 Shadeland Station
Indianapolis, IN 46256

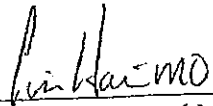
20. *Entire Agreement.* This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to its subject matter and supersedes any and all other agreements, either oral or in writing, between the parties to the Agreement with respect to the subject matter of this Agreement.

21. *Binding Agreement.* This Agreement shall be binding upon the successors or assigns of the parties.

22. *Authorization for Agreement.* The execution and performance of this Agreement by each Institution has been duly authorized by all necessary laws, resolutions, or corporate actions, and this Agreement constitutes the valid and enforceable obligations of each Institution in accordance with its terms.

Eskenazi Health and Hospital are each signing this Agreement on the date stated below that party's signature.

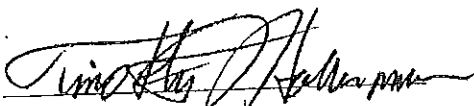
**THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY
D/B/A ESKENAZI HEALTH**



Lisa Harris, CEO and Medical Director

Date: 6/27/14

COMMUNITY HEALTH NETWORK

By: 

Title: CHIEF PHYSICIAN EXEC.

Date: 6/27/14

1. Either Institution is destroyed to such an extent that the patient care provided by such Institution cannot be carried out adequately;
2. Either Institution loses its license or accreditation;
3. Either Institution no longer is able to provide the service for which this Agreement was sought; and
4. Either Institution is in default under any of the terms of this Agreement.
5. Either Institution have been debarred, excluded or otherwise determined ineligible from participation in any federal or state program, including Medicare and Medicaid.

14. *Nonwaiver.* No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

15. *Governing Law.* This Agreement is governed by the laws of the State of Indiana. Any litigation arising out of this Agreement shall be brought in a court located in Marion County, Indiana.

16. *Assignment.* This Agreement shall not be assigned in whole or in part by either party without the express written consent of the other party.

17. *Invalid Provision.* In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.

18. *Amendment.* This Agreement may be amended at any time by a written agreement signed by the parties.

19. *Notice.* Any notice required or allowed to be given under this Agreement shall be deemed to have been given upon deposit in the United States mail, registered or certified, with return receipt requested. Any and all notices are to be addressed as follows:

ESKENAZI HEALTH:
Eskenazi Health
Attn: Legal Department
720 Eskenazi Avenue
FOB 5th Floor

either Institution, nor shall it in any way alter the control of the management, assets, and affairs of the respective Institutions. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

11. *Liability.* Hospital shall save, indemnify, and hold Eskenazi Health harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Hospital, its agents, employees or invitees from any cause arising out of or relating to Hospital's performance under this Agreement. Any obligation of Hospital to save and hold Eskenazi Health harmless is limited in substance by statutes designed to protect and limit the exposure and liability of Hospital as a qualified health care provider under the Indiana Medical Malpractice Act.

Eskenazi Health shall save, indemnify, and hold Hospital harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Eskenazi Health, its agents, employees or invitees from any cause arising out of or relating to Eskenazi Health's performance under this Agreement.

Any obligation of Eskenazi Health to save and hold Hospital harmless is limited in substance by statutes designed to protect and limit the exposure and liability of Eskenazi Health as an instrumentality of the State of Indiana under the Indiana Tort Claims Act and as a qualified health care provider under the Indiana Medical Malpractice Act.

12. *Exclusion.* Institutions represent and warrant that the Institution, its employees, directors, officers, subcontractors, and agents are not under sanction and/or have not been excluded from participation in any federal or state program, including Medicare or Medicaid.

13. *Insurance.* Each Institution shall maintain at all times throughout the term of this Agreement commercially reasonable insurance, including but not limited to, comprehensive general liability insurance, professional liability insurance, and property damage insurance. Upon request, each Institution shall provide the other with written documentation evidencing such insurance coverage.

14. *Termination.*

A. *Voluntary Termination.* This Agreement shall be terminated by either party for any reason, by giving thirty (30) days' written notice of its intention to withdraw from this Agreement, and by ensuring the continuity of care to patients who already are involved in the transfer process. To this end, the terminating party will be required to meet its commitments under the Agreement to all patients for whom the other party has begun the transfer process in good faith.

B. *Involuntary Termination.* This Agreement shall be terminated immediately upon the occurrence of any of the following:

In addition, each Institution agrees to adopt a standard form to inventory a patient's personal effects and valuables that shall accompany the patient during transfer. The records described above shall be placed in the custody of the person in charge of the transporting medium who shall sign a receipt for the medical records and the patient's valuables and personal effects and in turn shall obtain a receipt from the receiving Institution when it receives the records and the patient's valuables and personal effects. The transferring Institution shall bear responsibility for the loss of the patient's personal effects and valuables unless it can produce an authorized receipt for the personal effects and valuables from the accepting Institution.

6. *EMTALA Compliance and Transfer Consent.* The transferring Institution shall have responsibility for meeting the requirements for an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act (EMTALA), if applicable. The transferring Institution is responsible for obtaining the patient's consent to the transfer to the other Institution prior to the transfer, if the patient is competent. If the patient is not competent, the transferring Institution shall obtain a family member's consent; if such consent is not possible, the consent of the patient's physician shall be obtained by the transferring Institution.

7. *Payment for Services.* The patient is primarily responsible for payment for care received at either Institution. Each Institution shall be responsible only for collecting its own payment for services rendered to the patient. No clause of this Agreement shall be interpreted to authorize either Institution to look to the other Institution to pay for services rendered to a patient transferred by virtue of this Agreement, except to the extent that such liability would exist separate and apart from this Agreement.

8. *Transportation of Patient.* The transferring Institution shall have responsibility for arranging transportation of the patient to the other Institution, including selection of the mode of transportation and providing appropriate health care practitioner(s) to accompany the patient if necessary. The receiving Institution's responsibility for the patient's care shall begin when the patient is admitted, either as an inpatient or an outpatient, to that Institution.

9. *Advertising and Public Relations.* Neither Institution shall use the name of the other Institution in any promotional or advertising material unless review and approval of the intended advertisement first shall be obtained from the party whose name is to be used. Both Institutions shall deal with each other publicly and privately in an atmosphere of mutual respect and support, and each Institution shall maintain good public and patient relations and efficiently handle complaints and inquires with respect to transferred or transferring patients.

10. *Independent Contractor Status.* Both Institutions are independent contractors. Neither Institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by

authorized member of Hospital's medical staff may authorize a transfer if Hospital has an appropriate bed available and is not on diversion. Prior to moving the patient, Eskenazi Health must receive confirmation from Hospital that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to Hospital's Emergency Department.

5. *Patient Records and Personal Effects.* Each of the Institutions agrees to adopt standard forms of medical and administrative information to accompany the patient from one Institution to the other. The information shall include, when appropriate, the following:

- A. Patient's name, address, hospital number, and age; name, address, and telephone number of the patient's legal guardian (if applicable);
- B. Patient's third-party billing data;
- C. History of the injury or illness;
- D. Condition on admission;
- E. Vital signs prehospital, during stay in emergency department, and at time of transfer;
- F. Treatment provided to patient; including medications given and route of administration;
- G. Laboratory and X-ray findings, including films;
- H. Fluids given, by type and volume;
- I. Name, address, and phone number of physician referring patient;
- J. Name of physician in receiving Institution to whom patient is to be transferred; and
- K. Name of physician at receiving Institution who has been contacted about patient.
- L. Specialized needs and dietary restrictions.

Each Institution shall supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at the receiving Institution, and the Institutions shall work together to reduce repetition of diagnostic tests. Transfers of Protected Health Information (PHI) shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

PATIENT TRANSFER AGREEMENT

This Patient Transfer Agreement ("Agreement") is between the Health and Hospital Corporation of Marion County d/b/a Eskenazi Health and Community Health Network and its subsidiaries Community Hospital South, Inc. and Community Howard Regional Health, Inc. (hereinafter "Hospital"). Eskenazi Health and Hospital are collectively referred to as "Institutions."

Eskenazi Health is a comprehensive public health care system with facilities and services including a hospital, outpatient clinics, inpatient and outpatient mental health services, Level I Trauma Center and the Richard M. Fairbanks Burn Center.

Community Health Network, Inc. and its subsidiaries operate acute care hospitals commonly referred to as Community Hospital East, Community Hospital North, Community Hospital South and Community Howard Regional Health (collective "Hospital")

Eskenazi Health and Hospital have determined that it would be in the best interest of patient care and would promote the optimum use of facilities to enter into a transfer agreement for transfer of patients between the respective Institutions.

Eskenazi Health and Hospital therefore agree as follows:

1. **Term.** This Agreement shall become effective beginning June 1, 2014 ("Effective Date") and shall remain in effect for a period of one year from the Effective Date, upon which date the Agreement will automatically renew for additional one-year periods.
2. **Purpose of Agreement.** Each Institution agrees to transfer to the other Institution and to receive from the other Institution patients in need of the care provided by their respective Institutions for the purpose of providing improved patient care and continuity of patient care.
3. **Patient Transfer to Eskenazi Health.** The request for transfer of a patient from Hospital to Eskenazi Health shall be initiated by the patient's attending physician. Any authorized member of Eskenazi Health's medical staff may authorize a transfer when the patient in question needs Level 1 Trauma Services, interventional radiology, or the services of the Burn Unit if Eskenazi Health has an appropriate bed available and is not on diversion. All other Hospital requests for patient transfers to Eskenazi Health shall be referred to the Bed Control Coordinator/House Supervisor. Prior to moving the patient, Hospital must receive confirmation from Eskenazi Health that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to Sidney & Lois Eskenazi Hospital.
4. **Patient Transfer to Hospital.** The request for transfer of a patient from Eskenazi Health to Hospital shall be initiated by the patient's attending physician. Any

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 11

TRAUMA OR, STAFF AND EQUIPMENT

"11. Trauma OR, Staff, and equipment: There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services 24 hours per day. The application must also include a list of essential equipment available to the OR and its staff."

NARRATIVE RESPONSE AND DISCUSSION

The components of section 11 are met as follows:

1. Commitment letter from Charles Scott Vore, M.D.
2. Twenty-four hour anesthesia call schedule
3. OR equipment list (including craniotomy equipment)
4. Surgery Staffing policy
5. Surgery twenty-four hour call policy
6. Quality plan



Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

June 17, 2014

William C VanNess II, MD – Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "in the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this letter is to inform the committee that I serve as Anesthesiology Section Representative. I am pleased to support Community Hospital East's effort to complete the "In the Process" Level III Trauma Center requirements. Subsequently, we will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

I further understand that my role is to ensure that a qualified anesthesiologist is promptly available within 30 minutes. I attest that we have adequate anesthesia equipment to provide trauma services including neurosurgical procedures.

An anesthesiologist liaison will attend at least 50% of Trauma Peer Review and actively participate in the Performance Improvement Process.

Respectfully,

A handwritten signature in black ink, appearing to read "Charles Scott Vore".

Charles Scott Vore, M.D.
Anesthesiology Section Representative

A handwritten signature in black ink, appearing to read "Bahjat Chabenne".

Bahjat Chabenne, M.D.
Trauma Medical Director

July 2014/General Anesthesia Call Schedule CHE/CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
6 ^{1st} : Jason Spoljoric 2 nd : Michael Yacko 3 rd : Brent Burke	7 ^{1st} : Jason Good 2 nd : Tom Novak 3 rd : Scott Beall	1 ^{1st} : Steven Maves 2 nd : Shana Walton 3 rd : Jason Spoljoric	2 ^{1st} : Ervin Schlabach 2 nd : James Walton 3 rd : Daniel Jones	3 ^{1st} : Sushma Yitta 2 nd : David Camp 3 rd : Michael Thomas	4 ^{1st} : Jason Spoljoric 2 nd : Michael Yacko 3 rd : Brent Burke	5 ^{1st} : Stephen Birrer 2 nd : Brent Burke 3 rd : Michael Yacko
13 ^{1st} : Paul Kane 2 nd : James Walton 3 rd : Kotaro Makino	14 ^{1st} : Leslie Moore 2 nd : Stephen Birrer 3 rd : Michael Guzman	8 ^{1st} : Michael Guzman 2 nd : Joel Beachkofsky 3 rd : Leslie Moore	9 ^{1st} : Shana Walton 2 nd : Ervin Schlabach 3 rd : Michael Yacko	10 ^{1st} : Daniel Jones 2 nd : Mark Yacko 3 rd : Jason Spoljoric	11 ^{1st} : Paul Kane 2 nd : James Walton 3 rd : Kotaro Makino	12 ^{1st} : Steven Maves 2 nd : Kotaro Makino 3 rd : James Walton
20 ^{1st} : Joel Beachkofsky 2 nd : Shana Walton 3 rd : Thomas Novak	21 ^{1st} : Andrew Powell 2 nd : Charles Myers 3 rd : Paul Kane	15 ^{1st} : Charles Myers 2 nd : Jason Spoljoric 3 rd : Steven Maves	16 ^{1st} : Michael Sherrill 2 nd : Scott Beall 3 rd : Paul Kane	17 ^{1st} : Jason Good 2 nd : Stephen Birrer 3 rd : James Walton	18 ^{1st} : Joel Beachkofsky 2 nd : Shana Walton 3 rd : Thomas Novak	19 ^{1st} : Mark Yacko 2 nd : Thomas Novak 3 rd : Shana Walton
27 ^{1st} : K. Clinkenbeard 2 nd : Andrew Harrity 3 rd : Michael Yacko	28 ^{1st} : Michael Thomas 2 nd : Michael Caldwell 3 rd : Michael Sherrill	22 ^{1st} : Michael Caldwell 2 nd : Michael Thomas 3 rd : Jeb Rice	23 ^{1st} : Shana Walton 2 nd : Michael Sherrill 3 rd : David Camp	24 ^{1st} : Michael Guzman 2 nd : Paul Kane 3 rd : Ronald Frederick	25 ^{1st} : K. Clinkenbeard 2 nd : Andrew Harrity 3 rd : Michael Yacko	26 ^{1st} : James Walton 2 nd : Michael Yacko 3 rd : Andrew Harrity
		29 ^{1st} : David Camp 2 nd : Jeb Rice 3 rd : Ervin Schlabach	30 ^{1st} : Ronald Frederick 2 nd : James Walton 3 rd : Daniel Jones	31 ^{1st} : Thomas Novak 2 nd : Andrew Powell 3 rd : Joel Beachkofsky		

August 2014/General Anesthesia Call Schedule CHE/CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
3 1 st : Michael Thomas 2 nd : Mark Yacko 3 rd : Jeb Rice	4 1 st : Michael Caldwell 2 nd : Charles Myers 3 rd : K. Clinkenbeard	5 1 st : Steven Maves 2 nd : Michael Yacko 3 rd : Kotaro Makino	6 1 st : Shana Walton 2 nd : Michael Thomas 3 rd : Sushma Yitta	7 1 st : Charles Myers 2 nd : Daniel Jones 3 rd : James Walton	1 1 st : Michael Thomas 2 nd : Mark Yacko 3 rd : Jeb Rice	2 1 st : Brent Burke 2 nd : Jeb Rice 3 rd : Mark Yacko
10 1 st : David Camp 2 nd : K. Clinkenbeard 3 rd : Joel Beachkofsky	11 1 st : Jeb Rice 2 nd : Julius Mapalad 3 rd : Michael Sherrill	12 1 st : Paul Kane 2 nd : Jason Good 3 rd : Stephen Birrer	13 1 st : Jason Spoljoric 2 nd : Scott Beall 3 rd : Michael Caldwell	14 1 st : Michael Yacko 2 nd : Sushma Yitta 3 rd : David Camp	15 1 st : Jason Good 2 nd : Paul Kane 3 rd : Ronald Frederick	16 1 st : Stephen Birrer 2 nd : Ronald Frederick 3 rd : Paul Kane
17 1 st : Jason Good 2 nd : Paul Kane 3 rd : Ronald Frederick	18 1 st : Jason Spoljoric 2 nd : David Camp 3 rd : Scott Beall	19 1 st : Andrew Harrity 2 nd : Michael Guzman 3 rd : Michael Thomas	20 1 st : Shana Walton 2 nd : Steven Maves 3 rd : Thomas Novak	21 1 st : Paul Kane 2 nd : Michael Caldwell 3 rd : Jason Good	22 1 st : Daniel Jones 2 nd : Ervin Schlabach 3 rd : Andrew Powell	23 1 st : Michael Thomas 2 nd : Andrew Powell 3 rd : Ervin Schlabach
24 1 st : Daniel Jones 2 nd : Ervin Schlabach 3 rd : Andrew Powell	25 1 st : Kotaro Makino 2 nd : Jason Spoljoric 3 rd : Sushma Yitta	26 1 st : Julius Mapalad 2 nd : Ronald Frederick 3 rd : Charles Myers	27 1 st : Ervin Schlabach 2 nd : Michael Sherrill 3 rd : Brent Burke	28 1 st : Michael Caldwell 2 nd : Kotaro Makino 3 rd : Jason Spoljoric	29 1 st : Scott Beall 2 nd : Leslie Moore 3 rd : Julius Mapalad	30 1 st : Charles Myers 2 nd : Julius Mapalad 3 rd : Leslie Moore
31 1 st : Scott Beall 2 nd : Leslie Moore 3 rd : Julius Mapalad						

Equipment in Main OR	#
Tourniquets	4
Headlights	5
Scope Warmers	2
Bovies	5
Ligasure	1
Harmonic	2
Wandering Machine	6
SCD machines	6
Aquamantis	1
Cusa	1
Steath medtronic navigation	1
C-arms	2
Core command console	1
Wolf bipolar/kleppinger	1
Midas console	2
Bipolar machines	2
Cell saver	1
Lica scope	1
Pentero	1
Allen Stirrups (yellowfin)	2
TPS	2
Vigilance	1
Allen Frame	1
Back Rack	1
O-arm	1
Crash Carts	2
Infusion pumps	7
Horseshoe leg holder	5
Candy cane stirrups	10
Fracture Table	1
Malignant Hypothermia refrigerators	2
Bone graft refrigerator	1
Hana Table	1
Shower curtain	1
Stryker tower	2
Stryker slaves	2
Vital metrics	1
Tisseal sprayer	1
D&C suction	1
Anesthesia machines	5
Anesthesia machine good for MRI	1
Bair huggers	7
Autoclaves	5
lidescope	1
Glidescope blades	2

Equipment in Main OR	#
Gel pads for prone positioning	2
Vac Packs	2
Leg positioners	5
X-ray shields	2
Finger trap on IV pole	1
Hand table	1
Mayfield Head holder	2
Horse head holder	1
Hotline warmers	5
Emergency flexible scope	1
Lateral hip positioner	2
Pegboard hip positioner	1
Foot brackets for total knee's	6
Weights 5lbs	3
Weights 2lbs	3
Cement pedals	3
Neptunes	2
Slush machine	1
Lateral arm holders	2
Blanket warmer	1



Community Health Network

CORPORATE NURSING POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ CHVH
CANCELS: 9/16/10

NPP#: ORSPP: S-05
Page 1 of 1
EFFECTIVE: 6/12/14

TITLE: STAFFING

Performed by: Team Leader or Designee

Purpose: To provide guidelines for staffing in Surgical Services

General Information: None

Policy Statements:

1. A Registered Nurse will be assigned to perform circulating duties in each Operating Room.
2. A Registered Nurse, Surgical Technologist, Certified Surgical Tech, Student Surgical Technologist (SST), CSTFA or a trained Student Extern will be assigned to scrubbing duties as appropriate.
3. The demands of each room schedule will be optimally matched with skills and expertise of assigned staff.
4. Assignment of additional personnel per procedure will be provided, with consideration to:
 - a. Acuity/complexity of procedure (eg trauma, total joint replacement).
 - b. Physician request (eg scrub assistant).
 - c. Special equipment (eg laser).
5. One CHI competency verified laser nurse will be assigned to each laser procedure.
6. Department Coverage
 - a. CHE: Department coverage consists of in house RN staffing 0700-2300 Monday-Friday and 0700-1900 on Saturday and Sunday - - with the exception of holiday coverage. CHE Monday – Sunday, 1900 – 0700, weekends and holidays will be covered by a designated on-call team consisting of at least one RN.
 - b. CHN: Department coverage consists of in house RN staffing 24 hours a day. Holiday call is covered by a designated on-call team consisting of at least one RN.
 - c. CHS: Department coverage consists of in house RN staffing 0700-1830 Monday-Friday. Weekday nights (1830-0700), weekends, and holidays are covered by a designated on-call team consisting of at least one RN.
 - d. CHVH: Department coverage consists of in house RN staffing 0630-1700 Monday-Friday. Outside of timeframe is an on-call team.

Equipment: None

Procedure: None

Documentation Guidelines: None

References: None

Approved by: Perioperative NPP Subcommittee
Infection Prevention
Risk Management
CHVH

Date: 5/2014
Date: 5/14/2014
Date: 5/14/2014
Date: 5/14/2014

Approved: NPP Steering Committee

Date: 5/14/2014

COMMUNITY HOSPITAL EAST OPERATING ROOM

TITLE: ON CALL PROTOCOL

PURPOSE: To outline the sequence of events for staff to follow when on call for emergency procedures.

All staff is required to take call, with the exception of Carol Meyers and Pam Paschke as of April 1st 2012. Carol and Pam are required to take Holiday call.

All staff and the Manager will evaluate call protocol annually. The protocol will be posted on the "call board" at all times.

The call committee will consist of a day shift staff member and an evening shift staff member. The members of the 2012 call committee are Pam O'Connor and Ashley Johnson.

CALL RESPONSIBILITIES:

- 1) It is each person's responsibility to be available for his/her assigned call. It is the person's responsibility to ensure your pager, cell phone, or communication device of your choosing is working properly. You are to be available 30 minutes prior to the start of your scheduled call time. You must answer your page or call back within 5 minutes and arrive at the hospital within 30 minutes of being paged or called. If the department is unable to reach you when you are on call, this will result in an attendance occurrence and disciplinary action.
- 2) CST's and RN's may take Scrub call. RN's may take Circulator call.
- 3) There will be one call crew consisting of a Circulator, a 1st Scrub, and a 2nd Scrub.
- 4) Monday thru Thursday call is a Circulator, a 1st Scrub, and a 2nd Scrub person from 7pm-7am. Friday there is a Circulator and a 1st Scrub from 7p-11p, a Circulator and a 1st Scrub from 11p-7a, and a 2nd Scrub from 7p-7a. Saturday there is a Circulator, a 1st Scrub, and a 2nd Scrub from 7a-7p and 7p-7a. Sunday there is a Circulator, a 1st Scrub, and a 2nd Scrub from 7a-7p; a Circulator and a 1st Scrub from 7p-11p, a Circulator and a 1st Scrub from 11p-7a, and a 2nd Scrub from 7p-7a. Sunday - Thursday evenings the Circulator and 1st Scrub call are covered by Julie Drum and Kristie Knapp. Saturday and Sunday 7a-7p Circulator and 1st Scrub are covered by Amanda Alexander and Bobbie Lindsey.
- 5) Holiday call is 7a-7p and 7p-7a for Circulator and 1st Scrub and 7a-7a for 2nd Scrub.
- 6) The abbreviations on the call calendar represent the following:
 - a. DC = Day Circulator
 - b. DS = Day Scrub
 - c. NC = Night Circulator
 - d. NS = Night Scrub
 - e. 2S = 2nd Scrub
- 7) If you are called in as a volunteer during the week (an extra crew), you will receive a 4 hour call stipend (\$5/hr), a \$25 critical need bonus, and 4 hours of



QUALITY/SAFETY MANAGEMENT PLAN SURGERY SERVICES

Community Hospital North
Community Hospital South
Community hospital East
Community Hospital Anderson
The Indiana Heart Hospital

December 2005

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Quality/Safety Management Plan
Surgery Services
Scope of Service

I. Mission/Vision/Values Statements

Mission

The mission of Surgery Services is to be a leader in providing a full continuum of services to the community serviced by the Community Health Network. We will be central Indiana's most preferred inpatient and outpatient surgery service provider and we will deliver unsurpassed service to our physicians and their patients. In partnership with our medical staff, we offer innovative and individualized surgery options that are responsive to our customer's needs. We are committed to efficiently and safely delivering the highest quality surgical care, creating an exceptional experience for physicians, patients, families and employees.

Vision

It is the objective of Surgery Services to accomplish our mission by partnering with physicians, patients, families and employees. We will benchmark performance indicators and major processes. We will creatively develop new approaches and alternative delivery systems offering state of the art technology for best demonstrated practices in surgery services. These continuous improvements will result in a system that will provide high quality services as evidenced by total customer satisfaction.

Values

Exceptional Physician Experience

We believe collaboration with physicians is the key to success. In partnership with our medical staff, we will provide the safest, most progressive surgery care available in technologically advanced facilities, while supporting physicians and their office staff with friendly, convenient and efficient service.

Exceptional Patient and Family Experience

We deliver convenient surgery care in a friendly and compassionate environment, and treat our guests with respect and courtesy every step of the way. We focus on maximizing convenience and privacy while keeping them informed and involved in all aspects of the patient's care.

Exceptional Employee Experience

We create a fulfilling, motivating and rewarding work environment that facilitates innovation, creative solutions, empowerment and pride. Our team members are responsible, accountable and treat each other as professionals and with respect.

Business Growth

We strive to continually grow our business by creating the most surgeon-oriented surgical facilities in the Midwest. We provide our patients with the strongest blend of quality, service and price, making our facilities the customer's and payor's best value for surgery care.

Financial Performance

We focus on the delivering safe and cost-effective health care through efficient use of our resources.

II. Types and ages of patients served

Surgery Services provide services tailored to the special needs based on age: infants, children, adolescents, adults, and senior adults. Interventions are provided throughout the continuum with the exception of major organ transplantation. Heart lung bypass procedures are available only at TIHH.

III. Scope and complexity of need; extent to which needs are met

Services are designed for all levels across the health continuum. Services include education and consultation from pre-procedure planning to discharge follow-up.

The continuum of care is comprehensive and includes but not limited to:

- Community Support
- Consultation
- Education
- Home Health
- Inpatient
- Outpatient
- Pre-operative Clinic
- Wellness

Unit Description

CHE	6	Surgery suites
	2	Endo suites
	6	PACU 1 Surgical beds (to include one isolation bed)
	6	Pre/Post-operative beds
CHN	8	Surgery suites
	17	Pre/Post-operative rooms
	6	PACU 1 Surgical beds
CHS	5	Surgery suites
	5	PACU 1 beds (to include one isolation bed)
CHA	6	Surgery suites
	2	Special procedure rooms
	8	PACU 1 Surgical beds (to include one isolation bed)
	18	Pre/Post-operative beds

Surgical inpatient units (pre/post procedure care)

Each patient's need for nursing care is assessed by a Registered Nurse at the time of admission with a complete health assessment including physical, psychosocial, self-care, educational and environmental factors relating to discharge planning per policy. When necessary and appropriate, data is obtained from the patient's significant other and/or family and is included in the assessment. Aspects of data collection may be delegated by the RN to a surgery support tech. Reassessment of the patient's condition occurs at least every eight hours by an RN or more frequently based on changes in the patient's condition.

A care manager is designated on admission and is accountable for planning the care throughout the hospital stay using patient care pathways and multi-disciplinary team members such as Clinical Nurse Specialists, Social Services, Utilization Review/Case Managers and Physicians. The plan of care is made with input from the patient and/or significant other to provide quality patient focused care. Patient/families education is completed based on assessed needs and reinforced prior to discharge. How well we meet patient's needs and expectations are measured through patient satisfaction surveys and appropriate referrals made as necessary.

Observation unit

This unit provides care for post-surgical/procedural patients as well as medical patients.

Each patient's need for nursing care is assessed by an RN at the time of admission with a complete health assessment including physical, psychosocial, self-care, educational and environmental factors relating to discharge planning per policy. When necessary and appropriate, data is obtained from the patient's significant other and/or family and is included in the assessment. Aspects of data collection may be delegated by the RN to an LPN, Clinical Technician, or a Student Nurse Extern. Reassessment of the patient's condition occurs at least every eight hours by an RN or more frequently based on changes in the patient's condition.

The RN is accountable for planning the care throughout the observation stay using patient care pathways and multi-disciplinary team members such as Clinical Nurse Specialists, Social Services, Utilization Review/Case Managers and Physicians. The plan of care is made with input from the patient and/or significant other to provide quality patient focused care. Patient/families education is completed based on assessed needs and reinforced prior to discharge. How well we meet patient's needs and expectations is measured through patient satisfaction surveys and appropriate referrals made as necessary.

Pre-op Clinic

The pre-operative clinic offers pre-admission testing/screening and education for patients up to seven days prior to their surgical procedure. The pre-op clinic patients are seen by a hospital intensivist. Appointments are made through Surgery Scheduling at 317-355-5489 and can be scheduled from 9am – 1pm on Monday and Wednesday. Special arrangements can be made outside of this time if needed.

Surgery pre-procedure area

The RN receives and admits the patient to the unit. The patient is initially identified using at least two patient identifiers. The RN performs an assessment on each patient who is admitted through this unit. This assessment includes the identification of the patient's physical, psychosocial, spiritual and economic needs. The RN also obtains a complete health history by utilizing advanced interview techniques, including the use of the open-ended questions to gather data. Labs, x-rays, EKG and other tests are ordered based on direction from the Surgeon, Endoscopist and /or Anesthesiologist/physician. All verbal and/or telephone orders are verified by the RN utilizing the RAV (read –back and verify) system. Pre-procedure teaching is done by the RN with the patient, and/or their family/significant other. This educational component includes, but is not limited to, the process that is utilized to ensure the patient's safety, such as repetitive questioning regarding allergies, type of procedure, and patient cart rails in place. The patient is apprised of what can be expected from the Anesthesiologist/physician such as meeting him/her pre-procedure, having an IV started (if not already in place), and the process of anesthesia sedation. The patient is also educated regarding the stay in PACU if appropriate. The RN discusses the discharge instruction sheet and reinforces those areas that are specific to the patient and his/her procedure. Although there is a basic teaching plan in place, education is individualized to address those previously assessed needs. The patient acknowledges understanding of the instruction verbally and by signing the instruction sheet. Any potential problems that are identified are addressed by the RN pre-procedure. These potential problems include but are not limited to the need for crutches or walker, no ride home, or no responsible person to stay with the patient at home.

Pre-procedure medications are administered and IV fluids are initiated by the RN as ordered by the Anesthesiologist and/or Surgeon. The RN ensures that consent for the procedure has been obtained prior to administering pre-operative medication to the patient. Any relevant information regarding a patient's special need is communicated verbally to the Operative Room RN and PACU RN utilizing the "hand-off" approach in addition to documentation of the same.

A systems approach is utilized when the RN performs the assessment of a patient prior to a procedure. Baseline vital signs, including temperature, pulse, respiration, blood pressure measurement, and pulse oximetry are obtained. Cardiac monitoring is available as necessary. A re-assessment is performed as deemed necessary by the RN based on subjective and objective data. An RN is always in attendance/available when a patient is present in the unit.

Surgery

All patients' undergoing a surgical procedure is assigned a minimum of one circulating registered nurse and one scrubbing registered nurse or certified surgical technician. Additional circulators and scrubs are provided based upon the acuity/complexity of the procedure, physician request, and /or use of special equipment such as a laser. AORN Recommended Standards will be utilized as guidelines for safe optimal staffing and practice within the operating room setting. A Board Certified Anesthesiologist provides all anesthetics within the surgery setting. All sites provide on-site staff from 7:00am – 7:30pm Monday through Friday. Exact times for scheduled procedures vary slightly by site. Add-on cases are performed on a case-by-case basis based upon the current surgery schedule at the time of request. After hours and emergency services are provided by on-call teams.

PACU I (Surgery)

Our handoff communication process is implemented at this time. The PACU RN receives a verbal report from the Anesthesiologist and Circulator as she/he accepts responsibilities for the patient's case. The RN performs an initial assessment and documents the findings. The assessment includes, but is not limited to, patency of airway, respiratory rate and depth, blood pressure readings, patient temperature, condition and color of the skin, patient safety needs, neuromuscular status, presence and condition of drainage tubes and catheters, dressings on operative sites, location and condition of IV sites and lines, assessment and documentation of input and output, Aldretti type score, and level of emotional and physical support needed. This assessment is ongoing during the patient's PACU care. The RN re-assesses the patient every 15 minutes during PACU care, but may perform a re-assessment more frequently if condition warrants. All RN's delivering care is ACLS certified.

A certain level of competence is required by all RN's delivery this care, therefore each is deemed competent to care for a patient of any acuity/complexity. Although assignments of patients are based on ASPAN standards for patient's classification, each patient receives care on the basis of assessment of needs. Re-assessments are performed with any change in condition, cardiac rhythm and post-invasive procedure. The data obtained is interpreted and documented by the RN. Nursing actions and/or interventions with outcomes are documented. The RN collaborates with the Anesthesiologist and/or Surgeon as appropriate. All orders are repeated and verified with the ordering physician.

The same standard of post-anesthesia care is provided to ICU patients whether in the PACU or in the ICU, based on Anesthesiologist's orders. The care is provided by ICU RN's who have been cross-trained. At CHA patients who return to ICU from OR are recovered by the PACU RN for the first hour.

When a patient has met discharge criteria, but their bed is unavailable, reassessments and vital signs will be completed every thirty minutes.

Those patients whose total care requires expertise and resources that are unavailable at CHI will be stabilized, treated, and transferred to the appropriate facilities.

PACU II (Surgery)

This area is a step-down unit from the Phase I unit. Patients are taken to this unit to recover prior to discharge. Patients who have only received local or IV sedation are generally taken here directly from the procedure room. Families are able to join the patients during this phase of their care. Discharge instructions are reinforced with patient and family by the RN and a written copy is sent home with the patient.

A complete assessment utilizing a systems approach is performed by the RN on each patient upon admission to PACU II and prior to discharge. Reassessments are done as necessary with any change in condition or previously assessed parameters. Cardiac monitoring and pulse oximetry capabilities are available if necessary. If a patient's condition warrants, he/she will be transferred to PACU I.

Extended Recovery Unit (CHE/CHA only)

The patient's condition and vital signs will be assessed at least hourly or more frequently as ordered or deemed necessary. Outpatients who have had a surgical or other invasive type procedure requiring extended recovery care will be placed on this unit. A typical length of stay in this unit is 6 – 8 hours. Patients requiring overnight 23 hour stays or longer will receive their care on the observation unit or inpatient surgical unit.

Post-discharge instruction will be reinforced with the patient and family by the RN prior to discharge.

Home Care

- Involved with continuum of pathway
- Referred to appropriate home care specialist
- Involve hospital Social Services as necessary
- Special needs are met by referral to specialty personnel, i.e., ostomy care and education, physical therapy for crutch and/or walker training

IV. Appropriateness, clinical necessity and timeliness of support services provided directly by the organization or through referral contacts

Surgical services are provided by a multi-disciplinary professional staff which includes but not limited to: Primary Care physicians, Surgeons, Anesthesiologist, Nurses, Certified Surgical Technologists and internal and external case managers. Ancillary Surgical Services staff includes: Student Nurse Externs, Certified Surgical Technologist Students and Volunteers. In addition, clinical support is provided by: Respiratory Care, Pharmacy, Radiology, Laboratory, Nutrition, Physical Therapy, Social and General Services, Materials Management, Finance and Information Systems as needed in a timely manner.

The administrative staff for Surgical Services includes: the Executive Director, Co-Medical Directors, Team Leaders, A Financial Consultant and a Human Resource representative. In collaboration with Team Leaders, direction and coordination of clinical services is provided by Clinical Facilitators of operations, education and practice.

V. Availability of necessary staff

Surgical Inpatient Unit (pre and post procedure care)

Care delivery is provided using a Care Team Model and the master staffing plan. Nursing staff members are assigned patient care by a designated resource nurse or Clinical Facilitator. Assignments are based on the following elements:

- Continuity of nursing staff assigned
- Complexity of patient condition
- Dynamics of patient acuity level
- Type of technology required to provide nursing care
- Competency level and degree of supervision required by staff
- Availability of supervision in relation to the assessed and current competency level of staff
- Consideration of relevant Infection Control and Safety issues

To ensure availability of adequate staff the following mechanisms are in place:

- Twenty four hour leadership accountability
- Centralized Scheduling
- Human Resources
- Network Float policies

Observation Unit

Care delivery is provided using the master staffing plan. Assignments are based on the following elements:

- Complexity of patient condition
- Dynamics of patient acuity level
- Type of technology required to provide nursing care
- Competency level and degree of supervision required by staff
- Availability of supervision in relation to the assessed and current competency level of staff
- Consideration of relevant Infection Control and Safety issues

To ensure availability of adequate staff the following mechanisms are in place:

- Centralized Scheduling
- Human Resources
- Network Float policies

Surgery pre-procedure area

A modified Primary Nursing model for delivery of care is utilized in the pre-procedure care unit. The RN's are cross-trained to work in the admission, procedure and recovery areas. All are required to maintain a level of competence. The RN is competent to admit, assess and administer care to a pre-procedure patient of any level of acuity or complexity. The LPN is required to maintain competency to administer care to a pre-procedure patient of any level of acuity or complexity under the direction of an RN. If the patient's identified needs require more nursing resources and additional Rn is utilized to assist. Support personnel are available to assist the RN. This unit is routinely staffed by RN's Monday through Friday at:

- CHE 6:00am – 5:00pm
- CHN 5:00am – 9:30pm
- CHS 6:00am – 8:30pm
- CHA 7:00am – 5:00pm

Surgery

All procedures are assigned a minimum of one monitoring/circulating RN employed by the Community Hospital Indianapolis. Demands of each procedure room schedule will be optimally matched with the skills and expertise of assigned competent staff. Assignment of additional personnel will be provided as necessary with consideration to:

- Need for hospital scrub: RN or CST
- Acuity/complexity or procedure
- Physician request
- Special equipment, i.e., laser

One CHI credentialed laser nurse will be assigned to each laser procedure with exclusive responsibility to laser operations the exception being laser ophthalmic procedures. General anesthesia services are provided by Anesthesiologists. The surgical area is open for routine procedures from 7:00am – 7:30pm Monday through Friday, at CHA 7:30am – 6:00pm. Outside of normal working hours emergency coverage is provided by on-call teams.

PACU I (Surgery)

PACU I utilizes a modified Primary Nursing model for delivery of care. With this model an RN takes primary responsibilities for assessing and addressing a specific patient's needs during his/her stay in the PACU I. PACU Team Leader coordinates care and activities. Primary care is delivered by an RN. All PACU RN's are ACLS certified with re-certification completed biannually

A certain level of competence is required by all RNs in the PACU, therefore, each is deemed competent to care for a patient of any acuity/complexity. Although assignments of patients are based on ASPAN standards for patient classification, each patient receives care on the basis of assessment of needs. Clinical technicians assist with designated duties under the directions of the RN. This unit is routinely staff Monday through Friday at:

- CHE, 7:00 a.m. – 10:30 p.m.
- CHN, 5:00 a.m. – 9:30 p.m.
- CHS, this unit closes at 8:30 p.m.
- CHA, 7:00 a.m. – 6:00 p.m.

Outside of working hours care is provided by on-call teams.

PACU II (Surgery)

- PACU II utilizes a modified Primary Nursing model that also represent the care delivery system in PACU I. All RNs are required to maintain a level of competence to provide care to a patient of any level of acuity or complexity. Support personnel are available to assist the RN. Assignment of care is based individually on the assessed patient needs. The unit is routinely staffed for surgery 8:00 a.m. – 11:30 p.m., Monday through Friday at CHE and CHN. Hours of operation at CHS for surgery are 6:00 a.m. – 8:30 p.m. Monday through Friday. Hours of operation at CHE and CHN are 7:00 a.m. – 5:30 p.m. Monday through Friday. At CHA hours of operation are 6:00 a.m. – 10:00 p.m. Outside of normal working hours care is provided by on-call teams.

Extended Recovery Center (CHE only)

Care is provided utilizing a team approach. This team is comprised of RNs and Clinical Technicians. Staffing is a 1:3 ratio. Assignments are based on the following elements:

- Complexity of patient condition
- Dynamics of patient acuity level
- Type of technology required to provide nursing care
- Competency level and degree of supervision required by staff
- Availability of supervision in relation to the assessed and current competency level of staff
- Consideration of relevant Infection Control and Safety issues

To ensure availability of adequate staff the following mechanisms are in place:

- Centralized scheduling
- Human Resources
- Network Float policy

This unit is staffed Monday through Friday 7:00 a.m. – 11:00 p.m.

VI. Standards/Guidelines for Surgery Services Practice

Standards and Guidelines for Practice are utilized to provide care and include but are not limited to the following:

- Patient Care Pathways
- Professional Practice Model
- Patient Rights Handbook
- Advanced Practice Committee Guidelines/Recommendations
- Unit based guidelines for patient care that include:
 - ASPAN
 - AORN
 - SGNA
- Hospital Policy and Procedures
- External Regulatory Standards

VII. Methods to assess and meet patient needs

- Nursing process
- Admission assessment forms
- Risk screens/pre-admission clinic
- Pathway implementation
- Patient satisfaction surveys
- Follow-up phone calls
- Cost comparisons
- LOS comparisons
- Outpatient admission rates
- Review scope of care (III and IV)

VIII. Identification of MAJOR internal and MAJOR external customers

Internal

- Employees
- Physicians

External

- Payers/employers
- Patients/significant others
- Community

IX. Patient/significant other education

Teaching protocol

This education will be age specific to include the following:

- Patient rights and responsibilities
- Estimated or schedule time for surgery/procedure
- Monitors to be utilized patient identification protocol
- Anesthesia related teaching by appropriate professionals, i.e., Registered Nurse, Anesthesiologist
- Explanation of perioperative environment and safety procedures
- Post procedure destination
- Usual recovery time with exceptions and patient/family participation expectations
- Time and location family/significant other may resume visitation
- Assurance that needs will be met, i.e., warm blankets, pain relief and antiemetic therapy.
- Possibility of O₂ therapy per their need
- Instruction of pain scale 0 – 5
- Validation of understanding patient/family/significant other of education with documentation
- All other educational needs will be individualized as needed per specific procedure, i.e., SCDs, PCAs, crutch training and drains
- All education is reinforced to patient, family and significant other prior to discharge and documented on appropriate form per unit protocol

See Scope of Care (III and IV for individualized unit patient education

Education tools

- Videos
- Pathways
- Tours
- Handouts

Home Care

- Education built into pathway

Surgical Services patient follow-up

- Outpatient procedures will receive a follow-up phone call within 24 – 48 hours. This will give the patient customer opportunity to voice questions, allow reinforcement of physician direction and identify satisfactions as well as opportunities for improvement
- A letter will be sent to those outpatients who are not reached 24 – 48 hours post procedure by phone after 2 attempts
- Opportunities for improvement are specifically identified through patient satisfaction questionnaires

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 12

CRITICAL CARE PHYSICIAN COVERAGE

"12. Critical Care physician coverage: Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage 24 hours per day. Supporting documentation must include a signed letter of commitment and proof of physician coverage 24 hours a day."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 12 are met with a commitment letter from the Community Hospital East (CHE) Medical Director of Critical Care, George Elias, M.D. Dr. Elias affirms prompt availability of twenty-four hour coverage. Also included is the primary on-call schedule. Dr. Chabenne, CHE Trauma Medical Director, has also signed the ICU commitment letter affirming the prompt 24-hour availability of the ICU physicians.



Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

June 17, 2014

William C. VanNess, II, M.D.-Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

SUBJECT: Community Hospital East's Application for "In the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve as Director of Pulmonary and Critical Care Medicine. I am pleased to support Community Hospital East's effort to complete the "In the Process" Level III Trauma Center requirements, including participating as a member of the Performance Improvement and Patient Safety (PIPS) Committee. Subsequently, we will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

I further understand that my role is to ensure that there is prompt availability of Critical Care Physician coverage twenty-four (24) hours per day. The service provides rotating continuous physician call coverage and works closely with all physicians involved in the delivery of trauma care including the In-house Emergency Physician.

Respectfully,

A handwritten signature in cursive script, appearing to read "George Elias".

George Elias, M.D.
Director of Pulmonary and Critical Care Medicine

A handwritten signature in cursive script, appearing to read "Bahjat Chabenne".

Bahjat Chabenne, M.D.
Trauma Medical Director

July 2014/Critical Care Medicine On Call Schedule for CHE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 7a-7p Helou, Elias 7p-7a Joseph	2 7a-7p Helou, Elias 7p-7a Joseph	3 7a-7p Helou, Elias 7p-7a Joseph	4 7a-7p Helou, Elias 7p-7a Rhodes	5 7a-7p Barnes, Carver 7p-7a Rhodes
6 7a-7p Barnes, Carver 7p-7a Rhodes	7 7a-7p Joseph, Elias 7p-7a Quick	8 7a-7p Joseph, Elias 7p-7a Quick	9 7a-7p Joseph, Elias 7p-7a Quick	10 7a-7p Joseph, Elias 7p-7a Quick	11 7a-7p Joseph, Elias 7p-7a Rubeiz	12 7a-7p Tahir, Magid 7p-7a Rubeiz
13 7a-7p Tahir, Magid 7p-7a Rubeiz	14 7a-7p Joseph, Helou 7p-7a Elias	15 7a-7p Joseph, Helou 7p-7a Elias	16 7a-7p Joseph, Helou 7p-7a Elias	17 7a-7p Joseph, Helou 7p-7a Elias	18 7a-7p Joseph, Helou 7p-7a Boulos	19 7a-7p Barnes, Carver 7p-7a Boulos
20 7a-7p Barnes, Carver 7p-7a Boulos	21 7a-7p Helou, Joseph 7p-7a Gianaris	22 7a-7p Helou, Joseph 7p-7a Gianaris	23 7a-7p Helou, Joseph, Elias 7p-7a Gianaris	24 7a-7p Helou, Joseph, Elias 7p-7a Gianaris	25 7a-7p Helou, Joseph, Elias 7p-7a Miller	26 7a-7p Tahir, Magid 7p-7a Miller
27 7a-7p Tahir, Magid 7p-7a Miller	28 7a-7p Joseph, Elias 7p-7a Haque	29 7a-7p Joseph, Elias 7p-7a Haque	30 7a-7p Joseph, Elias 7p-7a Haque	31 7a-7p Joseph 7p-7a Haque		

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 13

CT SCAN AND CONVENTIONAL RADIOGRAPHY

"13. CT Scan and conventional radiography: There must be 24-hour availability of CT scan and conventional radiography capabilities. There must also be a written letter of commitment from the hospital's Chief of Radiology."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 13 are met with written letters of commitment and affirmation of compliance with requirements from the Community Hospital East Medical Director and the Radiology Administrative Director. We have included policies illustrating the twenty-four hour availability of CT and conventional radiology. CT and X-Ray Technologists will respond to the Emergency Department immediately on Code Trauma activations.



Community Hospital East
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eCommunity.com

June 24, 2014

William C VanNess II, MD – Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "in the ACS Verification Process" for
Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Radiology Section representative. I am pleased to support Community East in the effort to complete the "in the process" Level III Trauma Center requirements. Subsequently, we will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

I confirm that prompt medical imaging and interpretation including CT scans and conventional radiography is available at Community Hospital East twenty four hours per day. Our CT and X-ray technologists will respond to all Code Trauma Activations.

Respectfully,

A handwritten signature in black ink, appearing to read "Catherine A. Kurowski".

Catherine A. Kurowski, MD
Radiology Medical Director

A handwritten signature in black ink, appearing to read "Behjat Chabenne".

Behjat Chabenne, M.D.
Trauma Medical Director



Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
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June 24, 2014

William C VanNess II, MD – Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "in the ACS Verification Process" for
Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Radiology Section representative. I am pleased to support Community East in the effort to complete the "in the process" Level III Trauma Center requirements. Subsequently, we will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

I further understand that my role is to ensure that prompt medical imaging including CT scans and conventional radiography is available at Community Hospital East twenty-four hours per day. Our CT and X-ray technologists will respond to all Code Trauma Activations.

Respectfully,

A handwritten signature in cursive script that reads "Katherine Steffen".

Katherine Steffen, BSRT (R) (MR) (CT) CRA)
Medical Imaging Director
Community Hospital East

A handwritten signature in cursive script that reads "Bahjat Chabenne".

Bahjat Chabenne, M.D.
Trauma Medical Director
Community Hospital East

COMMUNITY HEALTH NETWORK

MEDICAL IMAGING DEPARTMENT POLICY AND PROCEDURE

APPROVED FOR:

<input checked="" type="checkbox"/> CHE	<input checked="" type="checkbox"/> CHN	<input checked="" type="checkbox"/> CHS	<input checked="" type="checkbox"/> CHVH
<u>Date</u>	<u>Action</u>	<u>Date</u>	<u>Action</u>
6.1.14	Reviewed		
		Effective	6.1.14
		Major Change	_____
		Minor Change	_____
		New Policy	6.1.14
		Cancels	_____

TITLE: Emergency Department Radiologic Examinations (X-ray)

STATEMENT OF PURPOSE: To set forth guidelines for the safe, efficient service for the
Emergency Department. As performed by Radiologic Technologist,
and Radiologist.

1. Radiology (X-ray) is available 24/7 on-site with additional X-ray staff available on-call as needed.
2. Appointments for Emergency Department patients are not necessary. When applicable, ED patients will be radiographed in the ED room with portable X-ray. If there is not a technologist in the X-ray department when an ED patient is ready, the X-ray technologist will be notified via vocera or mobile phone by the ED department.
3. Emergency department patients will be done in the order the exam are placed "ready" in EPIC, unless otherwise directed by the ED staff.
4. Whenever possible, ED patients will take precedence over inpatients and out patients.
5. If it is necessary for the patient to be transferred to another hospital CD images will be provided upon the EDs request.

Formulated by: Medical Imaging Directors
Reviewed by: ED Trauma Coordinator

COMMUNITY HEALTH NETWORK

MEDICAL IMAGING DEPARTMENT POLICY AND PROCEDURE

APPROVED FOR:

<input checked="" type="checkbox"/> CHE	<input checked="" type="checkbox"/> CHN	<input checked="" type="checkbox"/> CHS	<input checked="" type="checkbox"/> CHVH
<u>Date</u>	<u>Action</u>	<u>Date</u>	<u>Action</u>
6/01/14	Reviewed		
		Effective	6/01/14
		Major Change	_____
		Minor Change	_____
		New Policy	6/01/14
		Cancels	_____

TITLE: ED PATIENT CT SCANNING

STATEMENT OF PURPOSE: To clarify scope of services for CT equipment, CT Technologists, and Radiologists.

TEXT: The CT scanner, located in the Medical Imaging Department, is available 24/7 and staffed 24/7 with a CT technologist.

1. All scans at Community Hospital will be performed under the general supervision of a staff radiologist.
2. Scans will be transmitted via the telerad system (PACs) to the Radiologist.
3. Intravenous administration of contrast will be done only under the directive of a staff physician or Radiologist and will be injected by a Radiological Technologist. There will always be a staff physician or Radiologist available to assume responsibility for the patient that is receiving intravenous contrast media.
4. Oxygen is located in the wall in the CT scanner rooms.
5. If a patient has a contrast reaction, the CT Technologist is to immediately notify the Radiologist or ER physician. If the reaction is life threatening, the technologist or other available staff will institute "Code Blue" by calling 66.

Formulated by: Medical Imaging Directors
Reviewed by: ED Trauma Coordinator

COMMUNITY HEALTH NETWORK
MEDICAL IMAGING DEPARTMENT POLICY AND PROCEDURE
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6/01/14	Reviewed		
		Effective	6/01/14
		Major Change	_____
		Minor Change	_____
		New Policy	6/01/14
		Cancels	_____

TITLE: QUALIFICATIONS AND RESPONSIBILITIES OF THE RADIOLOGISTS

STATEMENT OF PURPOSE: To set forth qualifications and duties of the Radiologists.

Radiology exams must be obtained under the supervision of, and interpreted by, a licensed physician with the following qualifications.

1. The physician shall have documented a minimum of six (6) months of formal dedicated training in the interpretation and form reporting of radiology exams in an ACGME-approved residency program, including radiographic training on all body areas of which he/she intends to interpret radiographic studies.
2. The physician should have documented training and understanding of the physics of diagnostic radiography and of the equipment needed to safely produce images. This should include plain-film radiography, film-screen combinations, conventional image processing and where applicable, digital image processing.
3. The physician must be familiar with the principles of radiation protection, the hazards of radiation exposure to both patients and radiologic personnel, and radiation monitoring equipment.
4. The physician shall have documented training and understanding of all imaging modalities (plain radiography, fluoroscopy, computed tomography, ultrasound, MRI, nuclear medicine, etc.) and their value in the evaluation of the patient's clinical symptoms.
5. Certification in Radiology and/or Diagnostic Radiology by the American Board of Radiology, and/or American Osteopathic Board of Radiology or as credentialed by the medical staff office.
6. All Physicians practicing diagnostic Radiology are members of the medical staff. Their credentials, located in the Medical Staff office, reflect their experience and current competency requirements for all aspects of Radiology services in which they are engaged.

All physicians performing radiography exams who have met the above criteria should also demonstrate evidence of continued competence and appropriate care to the performance and interpretation of radiography exams.

1. A minimum of 300 exams per year is recommended in order to maintain a high level of expertise. If the volume of an imaging modality is too low to maintain this standard, continued qualification is maintained if acceptable the technical success, accuracy of interpretation and appropriateness evaluation is monitored.
2. The physician's continuing medical education should be in accordance with the ACR Standard for Continuing Medical Education (CME).

Formulated by: Medical Imaging Directors
Reviewed by: ED Trauma Coordinator

COMMUNITY HEALTH NETWORK

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6/01/14	Reviewed		
		Effective	6/01/14
		Major Change	_____
		Minor Change	_____
		New Policy	6/01/14
		Cancels	_____

TITLE: RADIOLOGIST COVERAGE

STATEMENT OF PURPOSE: Scope of service for staff Radiologists and to provide adequate medical coverage to meet customer needs.

Irvington Radiologists provide coverage for the Radiology Departments of Community Health Network.

1. Radiologists are present in the hospital from 8:00 AM to 4:30 PM and from 4:30 PM to 8:00 AM a Radiologist is present on-site at one location and is available via phone 24/7.
2. Radiologists are always available for consultation with ordering physicians 24/7.
3. All Physicians practicing diagnostic Radiology are members of the medical staff. Their credentials, located in the Medial Staff office, reflect their experience and current competency requirements for all aspects of Radiology services in which they are engaged.

Formulated by: Medical Imaging Directors
Reviewed by: ED Trauma Coordinator

COMMUNITY HEALTH NETWORK

MEDICAL IMAGING DEPARTMENT POLICY AND PROCEDURE

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6/1/14	Reviewed		
		Effective	6/01/14
		Major Change	_____
		Minor Change	_____
		New Policy	6/01/14
		Cancels	_____

TITLE: TELERADIOLOGY

STATEMENT OF PURPOSE: Scope of service to provide transmission and viewing capability of medical imaging procedures to an off-site location.

Teleradiology is the electronic transmission of radiologic images from one location to another for the purposes of interpretation and/or consultation. The use of teleradiology does not reduce the responsibilities of the Radiologists for the management and supervision of radiologic procedures.

The goals of teleradiology are:

1. To provide consultative and interpretative radiological services.
2. To facilitate radiological interpretations in any situation.
3. To provide direct supervision during off-site situations.

In the event that the teleradiology system is inoperable the following should be done:

1. The PACs administrator should be notified.
2. If necessary, service calls to the appropriate vendors will be made by the PACs administrator on-call.
3. The Radiologist will provide on-site interpretation or consultation services, as needed, following notification of the problem with the teleradiography system.

Formulated by: Medical Imaging Directors

Reviewed by: ED Trauma Coordinator

COMMUNITY HEALTH NETWORK

MEDICAL IMAGING DEPARTMENT POLICY AND PROCEDURE

APPROVED FOR:

<input checked="" type="checkbox"/> CHE	<input checked="" type="checkbox"/> CHN	<input checked="" type="checkbox"/> CHS	<input checked="" type="checkbox"/> CHVH
<u>Date</u>	<u>Action</u>	<u>Date</u>	<u>Action</u>
8/05	Revised	8/95	Reviewed
11/07	Revised	12/97	Revised
02/10	Revised	2/99	Reviewed
03/12	Revised	2/01	Revised
08/12	Revised	1/03	Revised
03/13	Revised		
06/14	Reviewed		
			Effective 2/93
			Major Change 08/05, 11/07
			Minor Change 08/12, 03/13
			New Policy _____
			Cancels _____

TITLE: REPORTING EXAM RESULTS

STATEMENT OF PURPOSE: To describe the mechanisms/processes for communicating and distributing exam or procedural results that are in preliminary or final status.

1. EMERGENCY DEPARTMENT REPORTS

After exam completion, the digital image is electronically sent to PACS where it is immediately available for viewing by the radiologist and other physicians with PACS access (includes ED physicians, staff physicians and cardiovascular surgeons). These images, which are always treated as "STAT," are interpreted promptly by Radiologists (24-7) via voice recognition. (At Community South, ED physicians initiate wet-reads during the hours of 1 a.m. – 6 a.m.).

The preliminary/final reports become available in PACS and are viewed by the network Emergency Department physicians.

Exception – Community Hospital South during night shift hours: At CHS, "Night Hawks", an independent radiology group, is contacted to view advanced modality images, sent from CHS Radiology. A requisition specific to Night Hawks is faxed to them to obtain a preliminary reading. After interpretation, the Night Hawk radiologist sends a faxed report back to the Community South technologist. This is matched up with the CHI Medical Imaging Requisition and given final interpretation the next day by Radiology Associates of Indiana (RAI). Diagnostic X-rays will receive a preliminary interpretation by the Emergency Department physician, and a final interpretation is made the following morning by RAI radiologists.

2. ALL STATS

All "Call Reports, Hold & Calls, and "fax to" actions are documented in Exam Memo (in PACS) by the Imaging Support staff.

3. OUTPATIENTS

After exam completion, all routine outpatient exams/procedures are generally dictated within 24–48 hours with few exceptions (awaiting more images, etc.). However, any completed exam, not read by the following business day, is tracked in the Imaging Record Room as a quality indicator. Resolution to any unread exam is promptly brought to the Radiologist's attention.

COMMUNITY HEALTH NETWORK

MEDICAL IMAGING DEPARTMENT POLICY AND PROCEDURE

☒CHE ☒CHN ☒CHS ☒CHVH

4. INPATIENTS

All STAT, Call Doctor and/or Hold & Call requests will be interpreted within the approved guidelines. Any off-site comparisons will follow as an addendum. STAT and "call report" exams are called to the nursing unit by the imaging record room staff or, in some cases, by the technologists. This communication is documented in PACS "Exam Memo." For critical results on a routine inpatient exam – the ordering physician and/or patient nurse (RN) will be called immediately by the radiologist. All inpatient exams are monitored to ensure that all exams receive, at minimum, a preliminary result within 24 hours.

5. EMERGENCY BACK-UP IN THE EVENT OF NETWORK PACS FAILURE

Should there be complete failure of the digital image management system (PACS), the radiologist on-site will begin to interpret from hard copy film or modality workstation. **If no radiologist is on-site, the "on-call radiologist" will be notified to come in.*

6. DISCREPANCIES

If at any time a discrepancy is noted from the original preliminary or final report, a corrected interpretation will be dictated, with prompt communication to the ordering physician.

7. CRITICAL RESULT REPORTING

Critical Results are defined as potential life-threatening or serious findings that need reported to the ordering physician immediately. Community Health Network, along with the radiologists, has designated specific criteria/results that get monitored and audited. This doesn't exclude the fact that "other" critical results occur and are dealt with accordingly. Regardless of type of patient (*Inpatient, Outpatient, ED patient, Imaging Centers, Medchecks, Community Heart and Vascular Hospital*)), critical results will be called immediately (not to exceed 30 minutes of the radiologist's interpretation time. They are to be called to the ordering physician or licensed caregiver (MD, DO, P.A., N.P, RN). The call is to be made by the interpreting radiologist. If the receiver is an R.N., they will be asked to "read back and verify" the results. The name of the person receiving the result, their title and the time of the call is required to be dictated, by the radiologist, within the body of the report.

The radiologist, in conjunction with input from other medical sections, will maintain the list of critical result criteria and make changes as necessary or with recommendations from other medical staff departments. The imaging department will track compliance with the defined 30 minutes turn-around- time. This data will be reviewed daily and analyzed. The data collected will be put in a monthly audit report. This report is shared with Hospital Quality Assurance and the Radiologist's Section Chairman (CHE-CHN-CHVH and CHS).

COMMUNITY HEALTH NETWORK

MEDICAL IMAGING DEPARTMENT POLICY AND PROCEDURE

☒CHE ☒CHN ☒CHS ☒CHVH

8. REPORT DISTRIBUTION

Reports are digitally stored in Phillips PACS (Archive) for permanent retrieval. Health Information Management (Medical Records) receives an electronic copy for the patient's electronic medical record. A copy of the report also is delivered to the ordering physician via electronic distribution, mail, courier, or auto fax.

See * Attachment "A" – Critical Results Reference Revised – 01/2012

Formulated by: Deb Hayden & /Kathy Steffen

ATTACHMENT "A"

CRITICAL RESULTS REFERENCE

- New Pulmonary Embolus
- Ruptured Aortic Aneurysm
- New Aortic Dissection
- New Intracranial Hemorrhage
- Potentially Life-Threatening Hemorrhage - any location
- Acute appendicitis
- New Unexplained/Unexpected Pneumothorax – MD decision to call if critical!
- Ectopic Pregnancy
- Testicular torsion
- Ovarian Torsion
- Potentially Life-Threatening Tube or Line Malposition/Misplacement - Pneumotosis Intestinalis – MD decision to call if critical!
- Pneumotosis Intestinalis
- Pneumopericardium
- Cervical Spine Fracture

Review/Revision: January 2012

Dictation Criteria: Please follow instructions below for dictating critical results:

1. Call report **immediately**, or within 30 minutes of interpretation (*J.C. Rule*)
2. Reports **must** be called to one of the following caregivers : MD, DO, PA, NP, RN
3. In the "IMPRESSION" – radiologist to include:
 - Dictate "**CRITICAL OUTCOME**"
 - Dictate "**NAME**" of person called (*no informal titles*)
 - Dictate "**TIME**" called
 - Dictate "**RAV**" was performed with an RN

Note the following:

- No time given of call – equates to **non-compliance**.
 - RAV with MD, NP, DO, or PA – is assumed through dialogue.
 - RAV with RN – radiologist should verbally acknowledge and have RN read-back understanding of the critical outcome before ending the call.
4. Important!!! – Click and drag the study to the **Critical Result Folder** in IDX so a faxed report can be sent as follow-up.

Physician Schedule

Irvington Radiologists, P.C.

Week Starting: 06/09/2014

13

Booth	Monday 06/09/2014	Tuesday 06/10/2014	Wednesday 06/11/2014	Thursday 06/12/2014	Friday 06/13/2014	Booth	Phone	Saturday 06/14/2014	Sunday 06/15/2014
NEURO	Wethington	Kim	Walker	Kim	T:Kim	CHE DAYS		T:Swack	T:Swack
SONAR	Swack	Stockberger	Kopecky	Swack	Kurlander	CHN DAYS		Hankins	Hankins
CHE CT	Kurlander	Kopecky	Stockberger	T:Childress	Stockberger	CHN Neuro		T:Walker	T:Walker
CHE IR	Hankins	McCarter	McCarter	Hankins	Hankins	IR WE CALL	none	Ivancevich	Ivancevich
BDE 1	Mitchell	Kurowski	Harrill	Mitchell	Kurowski	2ND SHIFT	WE		
BDN 1	Harrill	Mitchell	Kurowski	Harrill	Mitchell	3RD SHIFT	WE	Harris	Harris
BDN 2	Kurowski	Harrill	Mitchell	Kurowski	Harrill	BEPPER	none	Hankins	T:Swack
NIC	McCarter	Hankins	Myers	Kurlander	T:Walker	CALL			
CHN ORTHO	Kopecky	Kurlander	Swack	Kopecky	Swack	Physicians On Vacation			
CHN MR	Walker	Wethington	Kim	Walker	Wethington	Vacation 1	Chang		
CHN FLU	Kim	Walker	Ehrman	Wethington	McCarter	Vacation 2	Childress		
CHN CT	Stockberger	Swack	Kurlander	Stockberger	Kopecky	Vacation 3	Yedlicka		
CHN IR	Ehrman	Ehrman	Hankins	Ehrman	Ehrman	Vacation 4			
Hanc1	Wolfe	Myers	Wolfe	Myers	Wolfe	Vacation 5			
Hanc2	Myers	Wolfe	Wethington	Wolfe	Myers	Vacation 6			
2ND	Bognanno	Bognanno	Bognanno	Bognanno	Bognanno	Vacation 7			
3RD	Harris	Harris	Harris	Harris	Harris				
Backup	McCarter	Hankins	Myers	Kurlander	T:Walker				
OFF 1	none								
OFF 2	none								
OFF 3	none								
OFF 4	none								
OFF 5	none								

Physician Schedule

Irvington Radiologists, P.C.

Week Starting: 06/16/2014

Booth	Phone	Monday 06/16/2014	Tuesday 06/17/2014	Wednesday 06/18/2014	Thursday 06/19/2014	Friday 06/20/2014	Booth	Phone	Saturday 06/21/2014	Sunday 06/22/2014
NEURO		Kim	Walker	Kim	Walker	Chang	CHE DAYS		Yedlicka	Yedlicka
SONAR		Kopecky	Kurlander	Childress	Kopecky	Kurlander	CHN DAYS		Kopecky	Kopecky
CHE CT		Waddell	Childress	Hankins	Swack	Childress	CHN Neuro		T:Chang	T:Chang
CHE IR		Ehrman	Yedlicka	Ehrman	Hankins	Hankins	IR WE CALL	none	Ivancevich	Ivancevich
BDE 1		Mitchell	Harrill	Mitchell	Harrill	Mitchell	2ND SHIFT			
BDN 1		McLaughlin	McLaughlin	McLaughlin	McLaughlin	McLaughlin	3RD SHIFT		Harris	Harris
BDN 2		Harrill	Mitchell	Harrill	Mitchell	Harrill	WE			
NIC		Kurlander	Chang	Kopecky	Yedlicka	Swack	BEPPER	none	Kopecky	Yedlicka
CHN ORTHO		Childress	Swack	Kurlander	Childress	Kopecky	CALL			
CHN MR		Walker	Kim	Walker	Kim	Walker	Physicians On Vacation			
CHN FLU		Hankins	Waddell	Chang	Waddell	Ehrman	Vacation 1	Wethington		
CHN CT		Swack	Kopecky	Swack	Kurlander	Waddell	Vacation 2	Stockberger		
CHN IR		Yedlicka	Ehrman	Yedlicka	Ehrman	Yedlicka	Vacation 3	T:McCarter		
Hanc1		Myers	Hankins	Myers	Chang	Myers	Vacation 4	Kurovski		
Hanc2		Chang	Myers	Waddell	Myers	Kim	Vacation 5	Bognanno		
2ND		Ivancevich	Ivancevich	Ivancevich	Ivancevich	Ivancevich	Vacation 6			
3RD		Harris	Harris	Harris	Harris	Harris	Vacation 7			
Backup		Kurlander	Chang	Kopecky	Yedlicka	Swack				
OFF 1	none									
OFF 2	none									
OFF 3	none									
OFF 4	none									
OFF 5	none									

Physician Schedule

Irvington Radiologists, P.C.

Week Starting: 06/23/2014

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Booth	06/23/2014	06/24/2014	06/25/2014	06/26/2014	06/27/2014	06/28/2014	06/29/2014
NEURO	Wethington	Walker	Wethington	Chang	Walker	Mitchell	Mitchell
SONAR	Childress	Swack	Kopecky	Mitchell	Swack	T:Childress	T:Childress
CHE CT	Kopecky	Childress	Yedlicka	McCarter	Hankins	T:Myers	T:Myers
CHE IR	Hankins	McCarter	Ehrman	Hankins	Yedlicka		
BDE 1	Mitchell	Mitchell	Harrill	Waddell	Waddell	T:Swack	T:Swack
BDN 1	Harrill	Kurowski	Mitchell	Kurowski	Harrill	Smart	Smart
BDN 2	Waddell	Waddell	Waddell	Harrill	Mitchell		
NIC	McCarter	Wethington	Myers	Childress	Kurowski	T:Childress	Mitchell
CHN ORTHO	Swack	Kopecky	Childress	Swack	Kopecky	Physicians On Vacation	
CHN MR	Walker	Chang	Walker	Wethington	Chang	Stockberger	
CHN FLU	Kurowski	Harrill	Swack	Kopecky	Childress	Kim	
CHN CT	Ehrman	Hankins	Hankins	Ehrman	McCarter	Kurlander	
CHN IR	Yedlicka	Ehrman	McCarter	Yedlicka	Ehrman	Bognanno	
Hanel	Chang	Myers	Chang	Myers	Wethington		
Hanc2	Myers	Yedlicka	Kurowski	Walker	Myers		
2ND	Ivancevich	Ivancevich	Ivancevich	Ivancevich	Ivancevich		
3RD	Smart	Smart	Smart	Smart	Smart		
Backup	McCarter	Wethington	Myers	Childress	Kurowski		
OFF 1	none						
OFF 2	none						
OFF 3	none						
OFF 4	none						
OFF 5	none						

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 14

INTENSIVE CARE UNIT

"14. **Intensive Care Unit**: "There must be an intensive care unit with patient/nurse ratio not exceeding 2:1 and appropriate resources to resuscitate and monitor injured patients."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 14 are met with copies of Community Hospital East ICU policies and an equipment list. The ICU has sufficient equipment and resources to resuscitate and monitor injured patients including those patients requiring neurosurgery. The ICU Nurse Manager has included a letter affirming a maximum 2:1 ratio for trauma patients.



Community
Health Network

Community Hospital East
1500 North Ritter Avenue
Indianapolis, Indiana 46219-3095
317-355-1411 (tel)
eCommunity.com

June 11, 2014

William C. VanNess II, M.D. – Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

SUBJECT: Community Hospital East's Application for "in the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Nurse Manager of the Intensive Care Unit. I am pleased to support Community Hospital East's effort to complete the "in the process" Level III Trauma Center requirements. Subsequently, we will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

I further understand that my role is to ensure a patient/nurse ratio that does not exceed 2:1 for Trauma patients. I also certify that our intensive care unit has the appropriate resources to resuscitate and monitor injured patients. Supporting documentation has been included with our application.

Respectfully,

Dina Thompson, RN, BSN
ICU Nurse Manager

Bahjat Chabenne, M.D.
Trauma Medical Director



Community Health Network

CORPORATE NURSING POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ CHVH

CANCELS: 7/2/12

CC: A-003

Page 1 of 3

EFFECTIVE: 3/21/13

TITLE: ADMISSION, DISCHARGE, TRANSFER GUIDELINES FOR ADULT ICU/PCU

Performed by: RN

Purpose: To provide guidelines for admission, discharge, and transfer of patients to and from ICU/PCU Monitored beds.

Policy Statements:

1. Physician's order is required to admit, transfer and/or discharge patients.
2. No patient will be refused admission to a monitored bed unit on the basis of not meeting admission criteria. Every effort will be made to transfer critically ill pediatric and OB patients to the appropriate unit/facility once stabilized.
3. If specialized knowledge is required, a resource nurse will be identified in the area of specialty to assist with care of that patient in the assigned unit. If the patient is a high risk obstetrical patient, the obstetrical nurse and the ICU nurse will co-manage the care. The care of CHVH high risk obstetrical patients will be in collaboration with the obstetrical team at CHN.

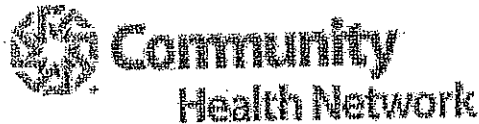
General Information:

1. The following criteria are intended to facilitate optimal use of personnel, equipment, and space while providing quality patient care.
2. Exclusion Criteria:

a. GUIDELINES FOR ADULT ICU ADMISSION OF PEDIATRIC AND HIGH RISK OB PATIENTS

	<14 yrs old	<16 yrs old	16 yrs or older
CHS-Pediatric	no	Yes -- 14-15 year olds with mutual consent of Adult Intensivist, Pediatric Hospitalist, and ICU and Pediatrics Directors	yes
CHN-Pediatric	no	Yes --14-15 yr olds with mutual consent of Adult Intensivist, Pediatric Intensivists and ICU and Pediatrics Directors	yes
CHE - Pediatric	no	Yes - 14-15 yr olds with mutual consent of Adult Intensivist and ICU and Pediatrics Directors	yes
CHVH - Pediatric	No	No	Yes
All Sites - High risk OB	CHN -- Adult Intensivist, Pediatric Hospitalist, and OB physician will co-manage until pt is stabilized for transfer to appropriate facility	CHN -- Adult Intensivist, Pediatric Intensivist, and OB physician will co-manage. CHE and CHS - Adult Intensivist and OB physician will co-manage until stabilized for transfer	All sites -- Adult Intensivist and OB physician will co-manage

- b. Patients who will not be receiving diagnostic/therapeutic treatment.
3. A network Pediatric Resource Nurse may be contacted 24/7 via the Pediatric Department at 621-5474.



CORPORATE NURSING POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ CHVH

CANCELS: 7/2/12

CC: A-003

Page 2 of 3

EFFECTIVE: 3/21/13

4. To facilitate continuity of care, patient comfort, safety, and prevent possible ambulance diversion and at the discretion of unit leadership, a patient may remain on a unit that usually cares for patients with higher levels of care than the patient requires. Monitoring and assessment requirements of a patient on a unit are guided by CLN 2081 Level of Care/Accommodation Code Policy.
5. Patients with an intra-aortic balloon pump are placed on the Critical Care Unit at CHE and CHS. At CHN these patients will be transferred to another facility. CHVH patients with an intra-aortic or ventricular assist device are placed in the MICU or SICU.
6. The Cardiovascular PCU unit at CHE focus on patients with a primary cardiac or cardiovascular surgery diagnosis.
7. For minimal monitoring and assessment requirements see Corporate CLN # 2081 "Level of Care/Accommodation Code Policy."
8. If the demand for ICU/PCU beds exceeds what is available, patients are evaluated for transfer to a less acute area.

ADMISSION CRITERIA, PROGRESSIVE CARE UNITS (PCU)

1. Maintenance of intravenous drug infusions including vasopressors, antiarrhythmics, vasoactive agents, and vasodilators.
2. Metabolic/chemical disorders requiring at least every 4 hour assessment and/or intravenous insulin administration.
3. Plans of care requiring specialized observations/treatments or drug therapies that require at least every 4 hour monitoring to prevent complications.

ADMISSION CRITERIA, CRITICAL CARE (ICU)

1. Invasive monitoring such as arterial line, pulmonary artery catheter, intracranial pressure monitor, or central venous pressure monitor.
2. Unstable patient condition that requires assessment and/or intervention every 2 hours or more frequently.
3. Acute respiratory failure requiring mechanical ventilation.
4. Titration of IV thrombolytics, vasopressors, antiarrhythmics and antihypertensives.

TRANSFER CRITERIA, PCU

1. From PCU to Med-Surg: patients requiring a less acute level of care such as:
 - a. Vital signs within patient's usual range or patient is asymptomatic.
 - b. Monitoring of lab values less frequent than every 4 hours.
 - c. Not receiving diagnostic/therapeutic treatment
2. From PCU to ICU; patients who's condition becomes unstable and requires a higher level of support and monitoring.

TRANSFER CRITERIA, ICU

1. Patients requiring a less acute level of care such as:
 - a. Stable vital signs and assessment does not require more than every 4 hr monitoring.
 - b. No invasive monitoring
 - c. Extubated and no longer requires every 2 hour respiratory assessment or intervention.

DISCHARGE CRITERIA

Discharge requires a physician order.

Procedure: None

Documentation: None



Community Health Network

CORPORATE NURSING POLICY AND PROCEDURE

Approved For: ☒ CHE ☒ CHN ☒ CHS ☒ CHVH

CANCELS: 7/2/12

CC: A-003

Page 3 of 3

EFFECTIVE: 3/21/13

References: None

<u>Approved by:</u>	Critical Care NPP	<u>Date:</u>	1/13
	Infection Prevention	<u>Date:</u>	1/13
	Risk Management:	<u>Date:</u>	1/13
	ICU/PCU Directors, CHS, CHE, CHN, CHVH	<u>Date:</u>	1/13

<u>Approved:</u>	NPP Steering Committee	<u>Date:</u>	2/13/13
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CORPORATE NURSING POLICY AND PROCEDURE

APPROVED FOR: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH

CANCELS: 10/5/08RRP

NPP#: C-048

Page 1 of 2

EFFECTIVE: 11/10/10

TITLE: CRITERIA FOR SENDING PATIENTS DIRECTLY FROM SURGERY TO CRITICAL CARE UNIT

Performed by: RN

Purpose:

1. To provide optimal safety for patients transferring directly from surgery to the critical care unit.
2. To identify patients appropriate for direct transfer to the critical care unit from surgery.
3. To identify the responsibilities of the patient caregivers when transferring a patient from surgery to the critical care unit.

Policy Statements:

1. After receiving notification, the person coordinating patient placement will work together with surgical service to determine the appropriate time for transfer as well as determining adequate time between multiple patients being transferred to the Critical Care Unit.
2. If an anesthesiologist is in attendance, the anesthesiologist will accompany the patient and surgical services personnel to the critical care unit and give report to the receiving nurse. Report will include an opportunity for questions and response.
3. In the event charge nurse determines the patient cannot be accommodated on the unit, the anesthesiologist and on-call intensivist will communicate and determine the best plan of care for that patient (i.e. hold in PACU for a period of time, manage the patient on another unit).

General Information:

Criteria

Patient types appropriate for direct transfer to critical care from surgery include, but are not limited to, the following:

1. Patients sent to surgery from the critical care unit for a minor procedure, having received local anesthetic, IV sedation or regional anesthetic not expected to have a change in preoperative sensorium postoperatively.
Examples: Patients who are comatose, intubated patients to OR for tracheostomy.
2. A patient whose medical/surgical condition is such that the anesthesiologist and primary care physician agree immediate return to the critical care unit is in the best interest of the patient. (Example: Patient is mechanically ventilated)

Equipment: Portable monitoring equipment and oxygen based upon patient condition.

Procedure:

1. Notify the critical care unit as soon as possible that the patient is a potential candidate for direct transfer/return to the Critical Unit.
2. Call the receiving nurse at least 30 minutes before the patient is transported to the unit.

Report will include:

- A. Patient Name
- B. Surgeon
- C. Procedure
- D. Isolation status, if any
- E. Vital signs, hemodynamic status
- F. Location of peripheral IV's
- G. Pressure Lines
 - 1) Swan
 - 2) Arterial
- H. Drains
- I. Medication Drips (i.e.: dopamine, nitro etc.)
- J. I&O -- including blood loss
- K. Ventilator settings

CORPORATE NURSING POLICY AND PROCEDURE

APPROVED FOR: ☒ CHE ☒ CHN ☒ CHS ☒ TIHH

CANCELS: 10/5/08RRP

NPP#: C-048

Page 2 of 2

EFFECTIVE: 11/10/10

L. Surgical/Medical complications

M. Anesthesia

N. Approximate time of arrival to the Critical Care Unit.

3. Anesthesia and Surgical services personnel monitor and transport the patient to the critical care unit, give report to the receiving nurse, and assist the receiving nurse as needed.

4. After transfer, surgical services personnel or surgeon, notify the family of the patient's transfer.

Documentation Guidelines: Document on unit specific forms

Reviewed by: PACU Staff/Critical Care Staff

Date: 7/10

Approved by: Peri-operative NPP Committee
Anesthesia CHN/CHE/CHS
Infection Control
Risk Management

Date: 7/10

Date: 7/10

Date: 7/10

Date: 7/10

Approved: NPP Steering Committee

Date: 11/10/10

CORPORATE CLINICAL POLICY AND PROCEDURE
 Approved for: ☒CHE ☒CHN ☒CHS ☒CHVH
 CANCELS: 3/4/08

CORP#: CLN 2081
Page 1 of 6
EFFECTIVE: 12/6/12

TITLE: ACCOMODATION CODE POLICY

Purpose: To set forth guidelines to be used when determining appropriate accommodation code for patients which provides information used to support nursing staffing and assignments as well as a consistent billing and documentation process with a reliable audit trail. NOTE: Upon implementation of EPIC EMR, the "Level of Care" term now reflects the type of unit requested by the physician, e.g. Medical, Neurology, and Oncology. The previously known term and definition of "Level of Care" will now be called "Accommodation Code."

Policy Statements:

1. The patient's accommodation code will be determined by the RN utilizing the criteria contained in this policy as well as any of the following as appropriate:
 - a. Physician orders
 - b. Diagnosis Specific Patient Care Pathway
 - c. Diagnosis Specific Guidelines/Standards of Care, Unit Specific Guidelines/Standards of Care
2. Telemetry and isolation care services are considered separate from the accommodation code and must be separately assigned as an accommodation code **REASON**.
3. Telemetry may only be removed from a patient with a physician's order with consideration to the following:
 - a. No arrhythmia requiring new/additional treatment within the past 24 hours minimally
 - b. Dopamine/Dobutamine at doses no higher than 5 mcg/Kg/min
 - c. Physiologic stability
4. The selection of an accommodation code **REASON** for isolation is for those patients in **contact or enhanced contact** isolation only.

General Information:

1. Units excluded from this policy include the Behavioral Care Units, Hook Rehabilitation Acute, Pediatrics, Neonatal Intensive Care Unit, Neonatal Special Care Unit and Obstetrics, as they have unit specific accommodation code policies or guidelines.
2. The accommodation code is to be representative of the RN intensity of care needed for a specific patient.
3. A patient's accommodation code can be updated anytime throughout the course of the day as the patient's condition changes.
4. The accommodation code is the trigger for the patient's room and board charge that is applied to the patient's account daily at midnight.
5. The accommodation code is to be **verified** prior to midnight every twenty-four (24) hours, and it is the **RN's RESPONSIBILITY** to determine the appropriate accommodation code.
6. The verification and/or selection of the accommodation code made prior to midnight for what will trigger the room and board charge is reflective of the actual condition of the patient at midnight.
7. Accommodation code **REASONS** include: telemetry, isolation, or both and are to be selected as appropriate in addition to the assigned accommodation code.
8. The accommodation code and any selected accommodation code **REASONS** entered by midnight daily is the mechanism that determines the room and board charges.
9. The accommodation code with isolation care is representative of the added resources and supplies utilized in delivering contact and enhanced contact isolation care to a specific patient.
10. For the initiation, discontinuation, and care of contact and enhanced contact isolation patients, refer to appropriate Infection Control policies (for example, may refer to ICP# 1: INFECTION CONTROL POLICY FOR ISOLATION PRECAUTION PROCEDURES or ICP# 1-C: INFECTION CONTROL POLICY FOR CONTACT PRECAUTIONS).
11. For care of patients with limited resuscitative status, see policy and procedure CLN#:2051 **CARDIOPULMONARY ARREST-DIRECTIVE FOR CARE-CODE STATUS SHEET**. The resuscitative status alone does not determine the accommodation code designation.
12. A physician's order is required for inpatient hospice care.
13. The accommodation code for an inpatient ordered to receive hospice care is medical/surgical (med/surg).
14. Patients who are assigned an OP (Outpatient)/Extended Recovery accommodation code that develop post procedural complications should be reviewed by case management for possible accommodation code upgrade to observation or inpatient admission. Such post procedural complications include but are not limited to:
 - a. Persistent nausea/vomiting
 - b. Fluid/electrolyte imbalance
 - c. Uncontrollable pain
 - d. Arrhythmias
 - e. Excessive/uncontrollable bleeding

CORPORATE CLINICAL POLICY AND PROCEDURE
 Approved for: ☒CHE ☒CHN ☒CHS ☒CHVH
 CANCELS: 3/4/08

CORP#: CLN 2081
 Page 2 of 6
 EFFECTIVE: 12/6/12

- f. Unstable level of consciousness
 - g. Psychotic behavior
 - h. Deficit mobility/coordination
15. To evaluate the selection accuracy of a patient's assigned accommodation code, each unit will conduct periodic audits of accommodation code assignments according to the following guidelines:
- a. On date determined by the Accommodation Code policy owner, all patients on the unit on that day will be audited for accuracy of assigned accommodation code.
 - b. Audits will be documented on the Accommodation Code Audit Tool and sent to the owner of the Accommodation Code policy.
 - c. **Unit Leadership is responsible for knowledge of the results of the audits and identification of a plan for improvement or any follow-up action required.**

ACCOMMODATION CODES

Medical/Surgical
 Intensive Care
 CVR-Cardiovascular Recovery
 OP (Outpatient)/Extended Recovery

Progressive Care
 Critical Care
 Observation

Accommodation Codes -- The following describes the accommodation codes utilized for the classification of the OP (Outpatient)/Extended Recovery, Observation, Medical/Surgical, Progressive, Intensive and Critical Care patient. Refer to the Accommodation Code - Minimal Monitoring and Assessment criteria for each of these levels of care.

- a. **MEDICAL/SURGICAL WITHOUT TELEMETRY**
 For the patient to be assigned this specific accommodation code, a valid order for inpatient admission is required, the minimal monitoring/assessment criteria for the accommodation code and at least one of the following must be met:
 - 1) Patient on Dopamine or Dobutamine (only) at dosage no greater than 5 mcg/kg/min with no arrhythmia requiring new/additional treatment within the past 24 hours with physician order to discontinue telemetry.
 - 2) Patient experienced abnormal drug level(s) in past twenty-four (24) hours and levels have been within normal ranges for more than the past six (6) hours.
 - 3) Hemodynamically stable arrhythmia without new/additional medical interventions within past forty-eight (48) hours.
 - 4) Patient has experienced abnormal electrolyte level(s) in the past twenty-four (24) hours and level(s) have been within normal range for more than the past six (6) hours.
 - 5) No patient condition or therapy meeting/requiring a higher accommodation code as defined under "Medical/Surgical with Telemetry", "Progressive Care (With or Without Telemetry)", "Intensive" and "Critical Care".
 - 6) Patient's Code Status Sheet indicates "No Resuscitative Measures and comfort measures only".
- b. **MEDICAL/SURGICAL WITH TELEMETRY**
 For the patient to be assigned this specific accommodation code, a valid order for inpatient admission is required, a physician's order for "telemetry or remote telemetry" is required, the minimal monitoring/assessment criteria for the accommodation code and at least one of the following must be met:
 - 1) Patient on Dopamine and/or Dobutamine during the first twenty-four (24) hour after initiation or transfer from an ICU at a dosage no greater than 5 mcg/kg/min. See NPP: D-58/D-58HH Infusion of Dopamine and Dobutrex Agents in the Non-ICU Areas.
 - 2) Patient has experienced abnormal drug level(s) within the past twenty-four (24) hours and level(s) have been within normal ranges for less than the past six (6) hours.
 - 3) Patient has experienced abnormal electrolyte level(s) within the past twenty-four (24) hours and level(s) have been within normal ranges for less than six (6) hours.
 - 4) Unexplained syncopal episode within past forty-eight (48) hours
 - 5) Hemodynamically stable arrhythmias with new/additional medical interventions within the past forty-eight (48) hours.
 - 6) Hemodynamically stable awaiting Cardiovascular Surgery or invasive intervention.
- c. **PROGRESSIVE CARE WITHOUT TELEMETRY**
 For the patient to be assigned this specific accommodation code, a valid order for inpatient admission is required, the minimal monitoring/assessment criteria for the level of care and at least one of the following must be met:

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- 1) Patient is experiencing abnormal blood chemistries, hematologies, and/or coagulopathies that have potential for causing acute onset of cardiac, respiratory, renal, and/or neurological decompensation.
- 2) Patient extubated within the past eight (8) to twenty-four (24) hours and/or SaO₂ is less than ninety (90%) on greater than fifty (50%) FIO₂ - excluding post-operative/post procedural patients.
- 3) Patient has experienced an acute hemorrhage/bleeding condition within past twenty-four (24) hours and that has necessitated the administration of two (2) or more units of blood/blood products.
- 4) Patient has wound or drain that requires observation and/or intervention every four (4) hours.
- 5) Patient has experienced deterioration in vital signs or level of consciousness such that the patient is at risk for further deterioration in status.

d. PROGRESSIVE CARE WITH TELEMETRY

For the patient to be assigned this specific accommodation code, a valid order for inpatient admission is required, a physician's order for "telemetry or remote telemetry" is required, the minimal monitoring/assessment criteria for the accommodation code and at least one of the following must be met:

- 1) Patient has experienced deterioration in vital signs, level of consciousness, or hemodynamics such that the patient is at risk for further deterioration in status.
- 2) Patient requires vasoactive/antiarrhythmic drug support that necessitates monitoring, surveillance, and/or titration every 2-4 hours.
- 3) Patient has experienced a treated and/or life-threatening arrhythmia within the past twenty-four (24) to forty-eight (48) hours.
- 4) Patient experiencing abnormal drug levels which have potential for causing acute onset of cardiac, respiratory, renal and/or neurological decompensation.
- 5) Patient experiencing abnormal blood chemistries, hematologies, and/or coagulopathies which have potential for causing acute onset of cardiac, respiratory, renal and/or neurological decompensation.
- 6) Patient requires respiratory interventions a minimum of every four (4) hours to maintain SaO₂ at $\geq 92\%$ or as ordered.
- 7) Patient is on ventilator and has been stable for more than twenty-four (24) hours, awaiting transfer to another facility (e.g. Long Term Acute Care facility).
- 8) Patient has a new/known arterial or ventricular arrhythmia that requires new/additional pharmacological intervention and/or electrical intervention.
- 9) Patient is physiologically stable post-cardiopulmonary arrest and does not require invasive hemodynamic monitoring or mechanical ventilation.
- 10) Patient has had a permanent pacemaker implanted/revised within the past twenty-four (24) hours.
- 11) Patient has had an Automatic Implanted Cardiac Defibrillator (AICD) implanted or has had AICD "fire" within the past twenty-four (24) hours.
- 12) Patient has experienced an acute episode of hemorrhage/bleeding condition that has the potential for causing acute onset of cardiac or respiratory decompensation within past twenty-four (24) hours and that has necessitated administration of two (2) or more units of blood/blood products.
- 13) Patient had intra-aortic balloon assist discontinued within the past twenty-four (24) hours and is hemodynamically stable.
- 14) Patient has experienced a major medical cardiac event (e.g., MI, CHF, chest pain, and pulmonary edema) within the past twenty-four (24) hours.
- 15) Patient has experienced an invasive cardiac interventional procedure within the past twenty-four (24) hours.
- 16) Patient is experiencing recurring chest pain which requires intervention.

e. INTENSIVE CARE

For the patient to be assigned this specific accommodation code, a valid order for inpatient admission is required, the minimal monitoring/assessment criteria for the level of care and at least one of the following must be met:

- 1) Patient requires glycemic drug support with monitoring, surveillance, and/or titration of infusion more frequently than every 2 hours.
- 2) Patient is hemodynamically stable but requires frequent interventions, arterial sheath line and site monitoring, and/or discontinuation of same, requiring monitoring and surveillance every 2 hours.
- 3) Patient who requires Dopamine or Dobutamine infusion at a stable rate $>5\text{mcg/kg/minute}$ to maintain CV function.
- 4) Patient with SBP >90 mm Hg who requires titration of Nitroglycerine infusion more often than every 2 hours to manage chest pain.
- 5) Patient who requires assessment of neurological status and medication treatment every 2-4 hours to manage agitation or delirium.

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- 6) Patient has had a TEE or cardioversion within the last four hours requiring monitoring and surveillance more frequently than every 2 hours.
- 7) Patient requires respiratory intervention every 2 hours to maintain SaO₂ at 92% or as ordered.
- 8) Patient who is receiving stable (chronic) bi-pap therapy, requiring respiratory assessment every 2 hours.
- 9) Patient is having ultra-filtration intervention requiring monitoring and surveillance every 2 hours.

f. CRITICAL CARE

For the patient to be assigned this specific accommodation code, a valid order for inpatient admission is required, the minimal

monitoring/assessment criteria for the level of care and at least one of the following must be met:

- 1) Patient is physiologically unstable and requires continuous assessment and/or treatment/intervention.
- 2) Patient's condition necessitates continuous invasive monitoring (e.g. pulmonary artery catheter, arterial blood pressure, intracranial pressure, intra-aortic balloon pump, and/or continuous arterial venous hemofiltration).
- 3) Patient is physiologically unstable post cardiopulmonary arrest and requires invasive hemodynamic monitoring.
- 4) Patient requires vasoactive/antiarrhythmic drug support with monitoring, surveillance and/or titration more frequently than every two (2) hours.
- 5) Patient has required transvenous or transthoracic pacing initiated within past twenty-four (24) hours
- 6) Patient requires external mechanical ventilation
- 7) Patient has been extubated within the last eight (8) hours and/or has an SaO₂ \leq ninety (90) % on \geq fifty (50%) % FIO₂.

g. CARDIOVASCULAR RECOVERY

For the patient to be assigned this specific accommodation code, a valid order for inpatient admission is required, the patient will have undergone open heart surgery and/or surgical intervention involving the aorta and require post anesthesia care as demonstrated in statements 1 and 2. Minimal monitoring/assessment criteria for the accommodation code and at least one of the following must be met:

- 1) Patient is directly admitted to the unit post open heart surgery and/or surgical intervention involving the aorta and requires post anesthesia recovery.
- 2) The recovery period must include every 15 minute vital signs and a focused assessment for a minimum of one hour and continue until the patient is stable.
- 3) Patient's condition necessitates continuous invasive monitoring (e.g. pulmonary artery catheter, arterial blood pressure, intracranial pressure, intra-aortic balloon pump, ventricular assist device and/or continuous arterial venous hemofiltration).
- 4) Patient requires vasoactive/antiarrhythmic drug support with monitoring, surveillance and/or titration more frequently than every two (2) hours.
- 5) Patient has required transvenous or transthoracic pacing initiated within past twenty-four (24) hours
- 6) Patient requires external mechanical ventilation.

h. OBSERVATION

For the patient to be assigned this specific accommodation code, a physician's order for Observation services is required, the minimal monitoring/assessment criteria for the accommodation code and at least one of the following must be met.

- 1) The clinical diagnosis is unclear but can be determined in less than 24 hours.
- 2) Stabilization and discharge of the patient is expected within 24 hours
- 3) Following a scheduled outpatient surgical or invasive diagnostic or treatment procedure IF complications develop that require additional monitoring and treatment which are outside the scope of the routine postoperative recovery care orders/standards of care.

i. OUTPATIENT/EXTENDED RECOVERY

For the patient to be assigned this specific accommodation code, the minimal monitoring/assessment criteria for the accommodation code and at least one of the following must be met:

- 1) Patient is physiologically stable following a scheduled outpatient invasive diagnostic, treatment, or surgical procedure, i.e. scheduled outpatient surgeries, cardiac catheterization procedures including electrophysiological lab procedures, endoscopy procedures, and interventional radiology procedures.
- 2) Total recovery care time period in preparation for discharge is expected to be 14 hours or less following the end of the procedure time.

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j. INPATIENT HOSPICE

- 1) The accommodation code for inpatient hospice is medical/surgical (Med/Surg).
- 2) Patient and /or family desire no further life-prolonging measures or treatment and desire to remain in the hospital setting.
- 3) Patient is projected to be within 6 months of end- of- life. See order set for details.

References:

Inter Qual, Level of Care, McKesson Health Solutions, LLC, 2011
Health Care Excel, the Medicare Quality Improvement Organization for Indiana

Owner: Nursing Leadership/Accommodation Code Sub-Committee/Sheri Buschuk

Approved by: Accommodation Code Sub-Committee
Infection Prevention
Risk Management

Date: 11/12

Approved For Distribution: CNO Designee

Approved: _____
Chief Operations Officer

Date:

PRACTICE GUIDELINES MONITORING AND ASSESSMENT CRITERIA BY LEVEL OF CARE (LOC)

	Cardiovascular Recovery	Optical Care	Behavioral Care	Preoperative Care	Medication	Observation	Self-Managed Recovery	Impatient Hx
Admission Data Base	Complete within 12 hrs of admission	Complete within 13 hrs of admission	Complete within 13 hrs of admission	Complete within 17 hrs of admission	Complete within 13 hrs of admission	Complete within 13 hrs of admission	Complete within 13 hrs of admission	On arrival
Admission, Physical Assessment	Complete within 12 hrs of admission	Complete within 12 hrs of admission	Complete within 13 hrs of admission	Complete within 13 hrs of admission	Complete within 13 hrs of admission	Complete within 13 hrs of admission	Complete within 13 hrs of admission	On arrival
Complete System Review and Assessment RN	Q 12 hr	Q 12 hr	Q 12 hr	Q 12 hr	Q 12 hr	Q 12 hr	Q 12 hr	Q 24 hours
Psychological Assessment (Re-assessment)	Q 2 hr min and per vital status change	Q 2 hr min and per vital status change	Q 2 hr min and per vital status change	Q 2 hr min and per vital status change	Q 2 hr min and per vital status change	Q 2 hr min and per vital status change	Q 2 hr min and per vital status change	Q 24 hours
Bedside Assessment	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On arrival
Individual Assessment	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On arrival
Bedside (Nurse Scale)	Daily	Daily	Daily	Daily	Daily	Daily	Daily	On arrival
Complete vital signs V/S B/P, RR, HR, SpO2	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	On arrival
Process Vital Signs	Q 1 hr and stable	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	On arrival
The following guidelines will be used:								
a. Venous access devices classified as invasive, or								
b. Stable, no drug infusion or transfusion necessary, or								
c. Stable, no drug infusion and transfusion necessary, or								
d. Stable, changing infusions and/or transfusions every 24 hr with documentation reflecting the rationale for and response to the situation. May return to 12 hours after 4 hours of vital observation								
e. Unstable/very high assessment of instability and stable with documentation so reflect changes and interventions.								
Respiratory	Q 4 hr minimum	Q 4 hr minimum	Q 8 hr minimum	Q 8 hr minimum	Q 24 hr min (1500-1500)	Q 3 hours minimum	Q 3 hours minimum	Q 24 hr min (1500-1500)
Weight	On admission and daily	On admission and daily	On admission and daily	On admission and daily	On admission and daily	On admission and daily	On admission and daily	On admission and daily
Bedside step-to-completion	Q 12 hr and per vital status A/N/A, E, 100	Q 12 hr and per vital status A	Q 12 hr and per vital status A	Q 12 hr and per vital status A	Q 12 hr and per vital status A	Q 12 hr and per vital status A	Q 12 hr and per vital status A	Q 12 hr and per vital status A
Monitor Abnormal	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr	On admission and Q 24 hr
Bedside Assessment	Q 4 hours and per	Q 4 hours and per	Q 4 hours and per	Q 4 hours and per	Q 4 hours and per	Q 4 hours and per	Q 4 hours and per	Q 4 hours and per
BA Bedside CVP	With V/S	With V/S	With V/S	With V/S	With V/S	With V/S	With V/S	With V/S
Share flows	Document q shift	Document q shift	Document q shift	Document q shift	Document q shift	Document q shift	Document q shift	Document q shift
CV V/S	As ordered	As ordered	As ordered	As ordered	As ordered	As ordered	As ordered	As ordered
CO and CI (per COO only)	Q 12 hours	Q 12 hours	Q 12 hours	Q 12 hours	Q 12 hours	Q 12 hours	Q 12 hours	Q 12 hours
COO w/ V/S	Q 1 hr	Q 2 hours	Q 2 hours	Q 2 hours	Q 2 hours	Q 2 hours	Q 2 hours	Q 2 hours
UAP values	With V/S	With V/S	With V/S	With V/S	With V/S	With V/S	With V/S	With V/S
Water intake, output, urine	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr
IV Site Check	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr
Medication	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.	Implement protocol on admission, reassess Q 2 hr. Implement protocol on admission, reassess Q 2 hr.
See central feeding protocol	See central feeding protocol	See central feeding protocol	See central feeding protocol	See central feeding protocol	See central feeding protocol	See central feeding protocol	See central feeding protocol	See central feeding protocol
Plan of Care Review (N/A)	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr	Q 2 hr

*If central assessment, any system, system, or issue identified that may negatively affect a patient's recovery, identified by RN based on patient's primary diagnosis, presenting symptoms, course of treatment, expected outcomes, previous assessments. Add to to any LOC for patient in isolation, refer to CLN 2081

**Community Health Network-CHE
Quality-Safety Management/Scope of Service Plan
For Critical Care**

MISSION:

We are deeply committed to the communities we serve. We enhance health and well being.

SCOPE OF SERVICE:

I. Goals of Patient Care Services:

Critical Care is committed to helping patients achieve and/or maintain optimal health through the delivery of safe, quality, cost effective care, using multidisciplinary collaboration while focusing on an individualized assessment of patient and family needs. We are committed to exceeding our customer's expectations through privacy, compassion, respect, efficiency and professionalism.

II. Types and Ages of Patients Served:

~~The Critical Care Unit provides services for adults aged 16 years and older and to select~~
pediatric patients aged 14 or older according to criteria specified in the age-specific criteria document (CC-A003). Services are designed to provide optimal health and disease-related care involving all major body systems.

III. Scope and Complexity of Patient Care Needs:

Patients admitted to Critical Care receive intensive monitoring, surveillance and treatment for acute/chronic respiratory failure, acute/chronic renal failure, multi-system organ failure, cardiovascular including intra-aortic balloon pump, neurological/neurosurgical/ICP monitoring, hemodynamic instability, hemorrhagic shock, hematological dyscrasias and any disease or condition involving any body system.

IV. Levels of Care:

All patients that meet Critical Level of Care are monitored with hardwire cardiac leads, non-invasive blood pressure cuffs, oxygen saturation probes, and have the capability for invasive hemodynamic monitoring, and/or intracranial pressure monitoring (in accordance with Nursing Policy Level of Care/Accommodation Charge Policy CLN-2081).

To consistently meet every patient's needs the plan of care will be tailored in accordance to physician orders, pathway order sets, Network policy; Unit based Guidelines of Care, interdisciplinary input and nursing judgment.

V. Appropriateness, Clinical Necessity, and Timeliness of Support Services:

Patient admissions and transfers to and from the Critical Care unit are planned with the Patient Resource Coordinator in Bed Control and a designated Patient Care Coordinator, ICU Charge Nurse or Nurse Manager. Services for patient care are provided by a multi-disciplinary team including but not limited to: MD, RN, PSP, and SE. Support services available upon request for consultation and assisting in developing an individualized care plan include but are not limited to: OT, PT, Speech Therapy, Radiology, WOCN, Case Management, Social Services, Chaplaincy, Dietary, Pharmacy, Respiratory, and Clinical Nurse Specialists.

VI. Availability of Necessary Staff:

Safe care is provided through care teams using a master staffing plan. Nursing staff members are assigned patient care by a designated Patient Care Coordinator, charge nurse and/or Nurse Manager. Assignments are based on the following elements:

- Complexity of patient condition and required nursing care
- Dynamics of patient acuity level
- Type of technology required to provide nursing care
- Competency level and degree of supervision required by staff
- Availability of supervision in relation to the assessed and current competency of staff
- Consideration of relevant infection control and safety issues

NOTE: To ensure availability of adequate staff the following mechanisms are in place:

- Centralized Scheduling
- Human Resources
- Network Float Policy
- On-Call
- Alternative pay incentives

VII. Recognized Standards/Guidelines:

Standards and guidelines for practice are utilized to provide care and include but are not limited to the following:

1. Patient Care Guidelines for CHE Medical Surgical ICU/PCU Units
2. Protocols for Registered Nurse (P-001)
3. Administration of NMB Standards of Care
4. Diagnosis specific Patient Care Pathway
5. Clinical Practice Guidelines for falls
6. Professional Practice Manual
7. Patient's Rights Manual
8. Hospital Policy and Procedures
9. External Regulatory Standards

VIII. Methods That Are Used to Assess and Meet Patient's Needs:

Each patient's need for health care services is provided based on a health assessment which may include data related to physical, psychosocial, self-care, educational, and environmental factors. When necessary and appropriate, data will be obtained from the patient's significant other and/or family and included in the assessment. Aspects of data collection are performed by the appropriate health care provider.

IX. Customers define quality:

Satisfaction and quality is measured through the use of surveys, performance appraisals and verbal/written input.

X. Major Internal and External Customers:

Each member of the health care team and all departments providing direct or indirect care are considered internal customers (e.g. Physicians, Social Service, Food Services, Finance, etc.). Major external customers include: patients, families, payers, and external regulatory agencies.

XI. Patient/Family Education:

The Multi-disciplinary Team incorporates healthcare education for the patient and family as an integral part of care. The team assists the patient and family to obtain knowledge about treatment, disease, and maintenance of health. A variety of education resources are available for staff.

XII. Safety Management:

Through review of the nursing report card and clinical data, the Department Safety Team monitors trends related to staff and patient safety, reviews current processes, develops process improvements, and educates staff appropriately.

Formulated by: ICU/PCU Practice Team

Date: 4/02/2010

Approved by: Sherri Stinson, R.N., M.S.N. ICU Nursing Director

Date: 4/02/2010

Revised: 5/30/2011

Revised: 3/01/2012

Revised: 2/27/2014

**Community Health Network-CHE
Quality-Safety Management/Scope of Service Plan
For Progressive Care**

MISSION:

We are deeply committed to the communities we serve. We enhance health and well being.

SCOPE OF SERVICE:

I. Goals of Patient Care Services:

Progressive Care is committed to helping patients achieve and/or maintain optimal health through the delivery of safe, quality, cost effective care, using multidisciplinary collaboration while focusing on an individualized assessment of patient and family needs. We are committed to exceeding our customer's expectations through privacy, compassion, respect, efficiency and professionalism.

II. Types and Ages of Patients Served:

The Progressive Care Unit provides services for adults aged 16 years and older and to select pediatric patients aged 14 or older according to criteria specified in the age-specific criteria document (CC-A003). Services are designed to provide optimal health and disease-related care involving all major body systems.

III. Scope and Complexity of Patient Care Needs:

Patients admitted to Progressive Care receive continuous cardiac monitoring, vital signs and focused physical assessments every four hours, maintenance of intravenous drug infusion including anti-arrhythmic and vasoactive agents, metabolic/chemical disorders requiring at least every four hour assessments, intravenous insulin administration and any disease or condition involving any body system. Patients housed in Progressive Care requiring Critical level of care will be cared for by ICU competency trained RNs following Critical Care Guidelines for Care following ICU staffing ratios.

IV. Levels of Care:

All patients that meet Progressive Level of Care are monitored with telemetry cardiac leads, non-invasive blood pressure cuffs, oxygen saturation probes (In accordance with Nursing Policy Level of Care/Accommodation Charge Policy CLN-2081). Patients housed in Progressive Care requiring Critical level of care will be cared for by ICU competency trained RNs following Critical Care Guidelines for Care following ICU staffing ratios.

To consistently meet every patient's needs the plan of care will be tailored in accordance to physician orders, pathway order sets, Network policy; Unit based Guidelines of Care, interdisciplinary input and nursing judgment.

V. Appropriateness, Clinical Necessity, and Timeliness of Support Services:

Patient admissions and transfers to and from the Progressive Care unit are planned with the Patient Resource Coordinator in Bed Control and a designated Patient Care Coordinator, charge nurse or Nurse Manager. Services for patient care are provided by a

multi-disciplinary team including but not limited to: MD, RN, PSP, and SE. Support services available upon request for consultation and assisting in developing an individualized care plan include but are not limited to: OT, PT, Speech Therapy, Radiology, WOCN, Case Management, Social Services, Chaplaincy, Dietary, Pharmacy, Respiratory, and Clinical Nurse Specialists.

VI. Availability of Necessary Staff:

Safe care is provided through care teams using a master staffing plan. Nursing staff members are assigned patient care by a designated Patient Care Coordinator, charge nurse and/or Nurse Manager. Assignments are based on the following elements:

- Complexity of patient condition and required nursing care
 - Dynamics of patient acuity level
 - Type of technology required to provide nursing care
 - Competency level and degree of supervision required by staff
 - Availability of supervision in relation to the assessed and current competency of staff
 - Consideration of relevant infection control and safety issues
- NOTE: To ensure availability of adequate staff the following mechanisms are in place:

- Centralized Scheduling
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5. Professional Practice Manual
6. Patient's Rights Manual
7. Hospital Policy and Procedures
8. External Regulatory Standards

VIII. Methods That Are Used to Assess and Meet Patient's Needs:

Each patient's need for health care services is provided based on a health assessment which may include data related to physical, psychosocial, self-care, educational, and environmental factors. When necessary and appropriate, data will be obtained from the patient's significant other and/or family and included in the assessment. Aspects of data collection are performed by the appropriate health care provider.

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The Multi-disciplinary Team incorporates healthcare education for the patient and family as an integral part of care. The team assists the patient and family to obtain knowledge about treatment, disease, and maintenance of health. A variety of education resources are available for staff.

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~~Formulated by: ICU/PCU Practice Team~~

~~Date: 4/02/2010~~

Approved by: Sherri Stinson, R.N., M.S.N. ICU Nursing Director

Date: 4/02/2010

Revised: 5/30/2011

Revised: 3/01/2012

Revised: 2/27/2014

Patient Care Guidelines
CHE Medical Surgical ICU/PCU Units

Assessment

1. Admission Navigator including learning assessment and orientation to the unit/visitation will be completed within 12 hours of arrival to unit. Items not able to be completed in that time frame will be passed on in shift reports and completed as timely as possible.
2. Assessment/Documentation
 - Complete System's review will be done and documented at the beginning of each shift * (exceptions to this are patients who are end of life care, patients having a procedure at that time or patients who need uninterrupted rest during that period of time) and repeated at a frequency dependent on nursing judgment and/or Level of Care / Accommodation Code Policy (CLN-2081)
 - Complete System's Review is in accordance with Epic "Row information." Additional information can be added by flowsheet item cascade information or narration in "comments or notes."
 - Systems reviewed are charted by using WDL (Within Defined Limits) versus X (Exceptions to Defined Limits). Only exceptions need be documented. Empty cells are considered WDL
 - When using narration in "notes," all nursing content will be "Plan of Care" or "Significant Event" type note.
3. Based on the patient's primary diagnosis, presenting symptoms, course of treatment and therapies, the RN will determine the components of reassessment. The repeat assessments will be done according to Level of Care / Accommodation Code Policy (CLN-2081) and documented in appropriate flowsheet.
4. Braden Score/Assessment will be completed daily. Specific interventions will be developed as necessary.
5. Patient will be weighed on admission and daily.
6. Patient height will be obtained and documented in Admission Navigator.
7. Patients with a Foley catheter will have need for Foley assessed every shift and prn

Vital Signs/Wave forms

1. Vital signs (BP, RR, HR, and SAO2) will be documented at the frequency ordered by the physician. If no orders exist, nursing judgment and Level of care Accommodation Code Policy (CLN-2081) will determine the frequency of vital signs and reassessment and the following guidelines will be used.
 - a. All infusions and hemodynamic parameters requiring the patient's weight for calculation will be calculated on the admission weight unless otherwise ordered.
 - b. Patients with invasive monitoring in place (i.e. PA, Vigileo monitoring, CO2, ICP...) will have specific values documented per MD order and /or nursing judgment.
 - c. Vital signs will be done and assessed on all patients receiving IV vasoactive drugs according to the IV Vasoactive Medication Administration Resource Manual.
 - d. Patients who are downgraded to lower level of care may have their vital signs monitored and recorded according to their specific level of care (Level of Care Accommodation Code Policy (CLN-2081) and nursing judgment.
2. Post and interpret rhythm strip every shift*, with any rhythm changes, and during administration or IV push or bolus medications given for rhythm disturbances. Any invasive monitor with a wave form will also be posted on the same form and reposted with changes.

Standard Room Setup

Prior to admission, the room is to be readied and include (but not limited to):

1. Patient name entered on cardiac monitor
2. Bed scale zeroed with 1 top sheet, 1 fitted sheet, 1 pillow, 1 bed pad, and 1 gown
3. O2 regulator in place
4. For ICU 2 suction heads with canisters with tubing available. For PCU 1 suction head and canister with tubing available.
5. Ambu Bag stocked in room
6. Yankauer suction tip stocked in room
7. IV pole
8. New or cleaned BP cuff, cleaned SaO2 probe and electrodes connected to monitor cable.
9. Room stocked and clean linens in drawers.
10. Locked medication drawer emptied of contents and cleaned.
11. Blank charge sheet for new patient.
12. Nasal swab for MRSA screen placed on counter.
13. Admission/Information packet placed on counter.

Permanent Hand-off Report:

Information reported, must be referred from the patients' medical record.

1. Report must encompass "Daily Summary Review," "Patient Story," "Patient Plan" and receiving RN must have opportunity for questions.
2. Review of Active Orders
3. Bedside rounds between giving and receiving RN: Using "Take Five" method, AIDET:
 - a. Introduction of oncoming staff to patient and/ or family and review plan of care for the day.
 - b. Identification of patient with name and date of birth and verification of correct arm band on patient.
 - c. Complete IV system check.
 - d. Initial purposeful rounding including pain assessment
 - e. Complete "Care Board" update.
 - f. Placement of endotracheal tube and ventilator settings if present or accuracy of other oxygen delivery modes.
 - g. Appearance of post-op dressings.
 - h. Neuro assessment for patients with primary neurological diagnosis.
 - i. Any areas of concern specific to the patient or requiring reinforcement/ visualization in assessment such as dressings, drains, pumps, etc.

Transport/ Monitors / Alarms

1. All patients admitted to a monitored unit with a Progressive Level of Care or higher, (according to Level of Care/ Accommodation Code Policy) will be monitored with cardiac monitor and RN during transport unless a specific order is written that the patient may be transported without a monitor.
2. Monitor and other devices' alarms will be on at all times.

Shift Duties

All shifts

1. Review and update Patient Care Plan and Patient Education
2. Facilitate ADL's and activity- including up in chair and ambulation.
3. Clear pumps for continuous infusions and record in I&O at 0600, 1400 and 2200
4. Review patient's progress with MD if available including but not limited to facilitating line removal, assess transfer status and appropriate level of care
5. Check for completed Admission Database, Advanced Directives, Immunization status and necessary CMS indicator and Meaningful Use documentation.
6. Consider any needed referrals, such as case management, chaplain, PT/OT for anticipated discharge needs.

0600

1. Review AM lab results and initiate appropriate action if needed.
 2. Weigh patient
-

Visitation:

All units use Visiting Guidelines Community East Hospital

ICU Locked Unit Visitor Pass System

- Doors to the unit are locked. Access to the unit may be obtained in 2 ways.
 - o Using a visitor pass that has been issued by the ICU staff.
 - o Pressing the doorbell to the right of the doors.
- 2 visitors are allowed on the unit/patient so 2 visitor passes will be issued to each family at the beginning of each day. Each pass allows 1 visitor on the unit.
- Family and friends may share visits by exchanging the visitor pass.
- After 9pm only 1 visitor per patient allowed on the unit.
- Visitor passes are collected at the end of each day with the exception of the overnight guest who will retain a pass.
- All passes are to be worn visibly.
- Exceptions to the 2 visitors at a time may be as the patient's condition warrants.

Discharge

1. Verify that medication reconciliation (comparing home meds/ current meds and discharge medications) has been done by physician. The AVS will not be able to be printed unless this is completed by physician.
2. Validate that patient has been assessed for received vaccinations when appropriate.
3. Assure completion and documentation of all patient discharge education and patient's response to learning has been done.
4. All patients will receive a copy of their completed discharge instructions and appropriate explanation and instructions.
5. The patient signature page of the After Visit Summary (AVS) must be the signature page that printed with the actual AVS that the patient received upon dismissal. This is important to note if the AVS were reprinted at any time prior to discharge.
6. Patient belonging cabinets, bedside table and locked medication drawer will be emptied of all patient specific contents.
7. Hard chart will be searched for educational pamphlets for patient, prescriptions and items needing to be returned from security
8. All patients must have a follow up appointment plan written on their discharge paper.
9. Problems must be addressed as completed on care plan
- ~~10. Discharge and readmit tab must be used for patient leaving hospital for Hook Rehab or another in-network hospital. This type of discharge will not have forms to print.~~
11. Discharge to ECF: print ECF report; fill out discharge/transfer/referral form in patient instructions. This will include code status, wound care, diet, and activities.
12. Report must be called from RN to RN when patient leaving for another hospital, an ECF or to Hook.

Nutrition

1. Obtain order for dietary consult for patients unable to tolerate meals (<30%) 24 hours post admission or post-op, NPO status greater than 48 hours, and patients determined to be at risk for malnutrition per Nutritional Screen.
2. Aspiration prevention- Patients will be up in chair for meals or have HOB > 60 degrees. Chair or HOB > 60 degrees will be maintained for 30-45 minutes after meals if possible.

Mobility

1. If hemodynamically stable and not contraindicated, patient will be advanced to weight bearing and completing own ADL's as tolerated.
2. If unable to turn themselves, patients will be turned every 2 hours, allowing for one three hour period of uninterrupted rest if appropriate.
3. PROM or AROM BID while on bed rest.
4. Up in chair or cardiac chair minimum of BID when hemodynamically stable or not otherwise contraindicated.
5. Assess need for OT / PT evaluation daily until patient is ambulatory.
6. HOB will be kept at a minimum of 30 degrees on all vent, enteral feeding or potential aspiration patients unless otherwise ordered and/ or contraindicated. These patients who cannot tolerate HOB at 30 degrees will be placed at the maximum tolerated.
7. Functional Assessments are to be completed on admission to hospital and are indicators of patient status prior to illness.

GU

1. Assess and document urine output at a frequency depending on nursing judgment and patient's level of care
2. Patients having difficulty urinating or suspected urinary retention will be assessed with the bladder scanner prior to catheterization.

Basic Care

1. Baths will be done daily.
2. Oral care will be done a minimum of every 2 hours on all vented, BiPap and NPO patients (unless sleeping).
3. Patients with nasogastric tubes will have nasal care done every 12 hours.
4. In conjunction with Respiratory Therapy, endotracheal tubes secured with twill will be re-twilled and repositioned every 24 hours and ETAD device will be moved every 2 hours unless not tolerated by patient.

Safety/Restraints

1. Morse fall scale will be assessed daily and prn according to Clinical Practice Guidelines for Falls form in NPP section of INCOMM
2. Purposeful rounding will be performed hourly on all patients and every 30 minutes if patient's Morse scale > 75 as per Clinical Practice Guidelines for Falls.
3. Vented patients will have side rails up x4 when staff is not in attendance.
4. For all other restraints refer to Restraints, Protective for protection from bodily injury NPP: CLN- 2010,

*A shift is defined as a continuous period longer than 3 hours in which one particular RN directs care.

Approved:
10/15/09 CHE ICU/PCU Unit Practice Team
Sherri Crawford MSN, RN, Clinical Director

Revised and Approved:
5/30/2011, 4/3/2012, 4/10/2013, 2/11/2014 CHE ICU/PCU Unit Practice Team
Dina Thompson BSN, RN Nurse Manager
Amy Greene BSN, RN Nurse Manager
Sherri Stinson MSN, RN, Nursing Director

2ST Critical Care 64100 rev. 1/2013				This column is Auto Calculated	DO NOT CHANGE THIS COLUMN
	Shift	RN	PST / SE	DO NOT CHANGE THIS COLUMN each row is calculated by adding total # of staff multiplied by hours in shift divided by census	2012 Hours/Pt. Day HPPD incl education
Census 12	7a-11a	7	2	3.0	17.87
	11a-3p	7	2	3.0	
	3p-7p	7	2	3.0	
	7p-11p	7	1	2.7	
	11p-3a	7	1	2.7	
	3a-7a	7	1	2.7	
Census 11	7a-11a	7	1	2.9	18.40
	11a-3p	7	1	2.9	
	3p-7p	7	1	2.9	
	7p-11p	7	1	2.9	
	11p-3a	7	1	2.9	
	3a-7a	7	1	2.9	
Census 10	7a-11a	6	2	3.2	18.24
	11a-3p	6	1	2.8	
	3p-7p	6	1	2.8	
	7p-11p	6	1	2.8	
	11p-3a	6	1	2.8	
	3a-7a	6	1	2.8	
Census 9	7a-11a	6	1	3.1	18.49
	11a-3p	6	1	3.1	
	3p-7p	6	0	2.7	
	7p-11p	6	1	3.1	
	11p-3a	6	0	2.7	
	3a-7a	6	0	2.7	
Census 8	7a-11a	5	1	3.0	18.30
	11a-3p	5	1	3.0	
	3p-7p	5	0	2.5	
	7p-11p	5	1	3.0	
	11p-3a	5	1	3.0	
	3a-7a	5	0	2.5	
Census 7	7a-11a	4	1	2.9	18.06
	11a-3p	4	1	2.9	
	3p-7p	4	0	2.3	
	7p-11p	5	0	2.9	
	11p-3a	5	0	2.9	
	3a-7a	5	0	2.9	

2ST Critical Care 64100 rev. 1/2013				This column is Auto Calculated	DO NOT CHANGE THIS COLUMN
	Shift	RN	PST / SE	DO NOT CHANGE THIS COLUMN each row is calculated by adding total # of staff multiplied by hours in shift divided by census	2012 Hours/Pt. Day HPPD
Census 6	7a-11a	4	1	3.3	1735 18.40
	11a-3p	4	0	2.7	
	3p-7p	4	0	2.7	
	7p-11p	4	0	2.7	
	11p-3a	4	0	2.7	
	3a-7a	4	0	2.7	
Census 5	7a-11a	3	1	3.2	2082 18.08
	11a-3p	3	1	3.2	
	3p-7p	3	0	2.4	
	7p-11p	3	0	2.4	
	11p-3a	3	0	2.4	
	3a-7a	3	0	2.4	
Census 4	7a-11a	3	0	3.0	26025 20.60
	11a-3p	3	0	3.0	
	3p-7p	3	0	3.0	
	7p-11p	3	0	3.0	
	11p-3a	3	0	3.0	
	3a-7a	3	0	3.0	
Census 3	7a-11a	2	0	2.7	35 19.47
	11a-3p	2	0	2.7	
	3p-7p	2	0	2.7	
	7p-11p	2	0	2.7	
	11p-3a	2	0	2.7	
	3a-7a	2	0	2.7	
Census 2	7a-11a	2	0	4.0	5205 29.21
	11a-3p	2	0	4.0	
	3p-7p	2	0	4.0	
	7p-11p	2	0	4.0	
	11p-3a	2	0	4.0	
	3a-7a	2	0	4.0	
Census 1	7a-11a	2	0	8.0	1041 58.41
	11a-3p	2	0	8.0	
	3p-7p	2	0	8.0	
	7p-11p	2	0	8.0	
	11p-3a	2	0	8.0	
	3a-7a	2	0	8.0	

ICU PCC RESPONSIBILITIES

- Complete Regular rounds on 2NT and 2ST. Review plan of care for each patient with respective RN. Utilize clinical expertise for professional development of all staff. Emphasis will be given to educational support of RNs on 2NT caring for patients with Critical level of care including frequency of vitals, reassessments, documentation, and safety issues.
- Mentor PCU staff and new grads. Ask questions regarding the patient plan of care, primary reason for hospitalization etc.
- Reports to Bed Huddle at 11 am, 4pm and 830pm. Be ready to discuss staffing and movement on and off the unit. Ask about anticipated bed needs and open monitored beds before making staffing decisions.
- Respond to: 1) All Code Blue Calls 2) Consultations for Code Blue RN (Another RN may go. If no one available, suggest to contact the night hospitalist) 3) IV starts and Phlebotomy when IV team not available (must be prioritized appropriately with other tasks)
- Complete the Rapid Response record: Any activity that is done outside of direct pt care such as transporting, admitting patients, and teaching. Should also include procedures, code blue, IV starts, lab draws etc.
- Prioritize admissions: 1) Stat transfers 2) ER Admits 3) Recovery Room. *May need to flex up if full when notified of neuro patients
- Try to keep a bed open for code, but at least be aware of patients that could be transferred out if priority bed is needed.
- Assist during special procedures, crisis, and transport patients as available.
- Notify manager or director and risk management immediately if a serious injury or incident occurs that could involve permanent harm or legal action.
- Report to DART meetings
- Verify Accommodation codes for accuracy at 7 pm during report for accuracy. All other changes prior to midnight each day continues to be each individual RN's responsibility.
- Check crash cart, defibrillator and portable suction daily.
- Check PYXIS q shift for discrepancies and help staff resolve them.

Staffing Duties

- Make assignments (balance experience, consistency of assignments)
- Make staffing decisions, collaborate and maintain frequent communication with the House Supervisor via vocera or pager (904-4110). **Do not** cancel staff before collaborating with the house supervisor to ensure needs are met in monitored beds. Utilize clinical skills to consider acuity and census for patient assignments, in collaboration with the PCC on each respective unit.
- Call central staffing at 5-2137 and report needs for the day and to confirm pre-assignments. Call ASAP for sick call-ins, change in census, etc. Also notify if resource team staff scheduled is not needed and available to be floated at least 2

hours prior to shift change. Regular staff may float if on OT or OC if they are willing. **Refer to scheduling team guidelines.**

- If floating staff, make sure receiving unit did not cancel overtime and we are using staff in overtime
- Before canceling our staff ask if other units have resource team or overtime. Our staff should be able to float to obtain regular hours.
- Assess need for unlicensed staff, if not busy plan to send PSP home early.
- Update C-Time and Float log books
- Contact manager for staffing crisis.
- Update the daily Kronos staffing sheet and the daily productivity sheets every shift. Check paper schedule against Kronos sheets at least 1 shift ahead. If there is a discrepancy with Resource Team call and confirm with the staffing office immediately.
- Make sure to review staffing schedule for the week and call in needs to staffing.
- Assess need to change assignments during the day. For example, will a nurse be admitting two new patients?

Quality of Care Duties

- If a patient falls complete group huddle and complete the fall apparent cause form found in the code blue tracking book. Ensure full f/u assessment has been done, event report completed online, safety measures are implemented and documented on the pathway. Notify Manager in person or via email.
- Check for Restraint orders.
- Evaluate the need for and appropriateness of central lines and foley catheters.
- Evaluate for the vent bundle on all pts.
- Ensure hourly rounding is occurring and that the forms are completed.
- Complete 4 hourly rounding validations for days and nights weekly.
- Complete Hand washing audits (30 per month)

Emergency Preparedness Information

Must report to incident command center with:

- Number of open beds available
- Patients that could be transferred to lower level of care or discharged (even if there is no official order)
- Number of patients we could physically take (this could end up being more than one pt. in room or patients in hall)
- Skill level of staff that is currently working (licensed, unlicensed, PSPs)
- Availability of telemetry boxes
- Number of staff that would potentially be called to help staff units/ED
- Ideas to help triage critical patients

Trades:

1. One time trades should not create "scheduled" overtime.
2. If someone wants to move from one day to another to accommodate their schedule, this can be approved if the move does not create a worse need on the day they are moving from. This needs to be approved by a scheduling team member and initialed on the schedule.
 - All changes on schedule must be initialed.
3. Once you sign up on the schedule whether it is regular time, above commitment, or OT you are committed. If you can not meet this commitment you must speak with a scheduling team member. No one comes off the schedule without prior approval from the scheduling team &/or clinical manager. Any and all cancels/floats cannot occur any earlier than 3hrs before the start of the shift.

Holidays:

Schedules will likely change during the week containing the Holiday according to Holiday commitments. The holiday hours are the hours the hospital considers the holiday i.e.: 11pm on the night shift prior to the holiday until 11pm the day of the holiday.

Holiday rotation: Christmas every other year to rotate with Thanksgiving and New Years. Staff holiday trades should follow trades guidelines and do not change set holiday rotation.

Due to holiday commitment regular staff are cancelled before PRN staff.

Kronos VACATION REQUEST

~~All vacations will be requested via Kronos~~

An example on how to request vacation time is in the schedule book. If you have questions please see a scheduling team member or manager.

Any vacation request made after the schedule has been posted, are the responsibility of the individual to trade. Remember you must have PTO time available when the scheduled vacation is posted or the vacation can be denied. No vacations will be granted during the weeks of Christmas and New Years. PTO time is recorded at the bottom of the weekly schedule sheets.

*To ensure a fair opportunity for staff to take vacation time during the summer months, the following guidelines will be followed:

During the months of June, July, and August, each staff member can only request two weeks, if more than time off is wanted you must put in writing and give to the appropriate scheduling team member and it will be considered after all other requests are granted. All vacation time is tracked by the scheduling team.

Requesting scheduled weekends to work off will be limited to 3 per year.

To be placed back on the schedule after requesting PTO, you must clear it through a scheduling team member. It is expected for you to return to your regularly scheduled shifts unless there is a greater need elsewhere.

Non Scheduled Absences:

Staff must call in to work **AT LEAST** 2 hours prior to the scheduled shift start time. Failure to call in by the 2 hour time frame will be subject to disciplinary action. We highly encourage staff to call in as soon as they are aware they may be unable to work their shift. You can always call back later if feeling better. If you are calling in for a scheduled shift, PTO must be used for that time (this includes intermittent FMLA).

Please do not expect changes to your schedule until resource team has been preassigned.

Signature _____ Date _____ Revised 5/2013

ICU Unit Equipment List for Trauma Certification

Unit Environment:

- 12 sided tower building with 12 patient rooms.
- Nursing is located centrally in tower for easy viewing of patients from station
- Rooms fully stocked with most needs for daily care and urgent needs.
- Rooms have GE monitoring system with capability of and monitor capture to the EMR
 - Lead II ECG monitoring
 - O2 Saturation
 - Respiratory Rate
 - 12 lead ECG
 - P.A., CVP, C.O. /C.I.
 - Arterial line pressures
 - Intra-abdominal Pressure
 - Intracranial pressure
 - Capnography
- Epic EMR systems for Patient documentation
- Lift Team Members (7 days/week, 0600-1800)

Equipment available in ICU:

- Code Cart with Zoll monitoring/Defibrilating/ transcutaneous pacing capability
- Cart with Zoll monitoring/Defibrilating/ transcutaneous pacing capability
- (1) Transvenous Pacing
- Adult E-box: Contents:

Laryngoscopy Supplies (TOP)

Laryngoscope handle
Pair of spare batteries that fit handle
Laryngoscope blades size 2 straight
Laryngoscope blades size 3 straight
Laryngoscope blades size 4 straight
Laryngoscope blades size 2 curved
Laryngoscope blades size 3 curved
Laryngoscope blades size 4 curved
Right handed adult forceps

Oral Airways (TOP)

(1) Size 3 (80 mm)
(1) Size 4 (90 mm)
(1) Size 5 (100 mm)
(1) Epistick
(1) Pink Bite Block (or equivalent)
(1) Twill tape (36')

Nasal Airways (TOP)

(1) Size 7
(1) Size 9

Additional Supplies (TOP)

(2) 10 ml slip tip syringe
(2) Water soluble lubricant
(1) Pilot Balloon Repair Kit

Endotracheal Tubes (BOTTOM)

(1) 6.0 (2) 7.5 (1) 9.0
(2) 6.5 (2) 8.0
(2) 7.0 (2) 8

Oxygen delivery (BOTTOM)

(1) High Flow concentration mask
(1) O2 flow meter with pigtail
(1) Adult Resuscitator Bag with mask
(1) CO2 indicator

Personal protection (BOTTOM)

(1) Pair of exam gloves
(1) Set of protective eyewear
(1) Small plastic bag

Additional Supplies (BOTTOM)

(1) Adult stylet
(1) Yankauer
(1) ResQPod
(1) ETAD

- Emergency Airway Kit: Contents:

TOP TRAY –

- (1) Disposable Lighted Stylet 22109
- (1) Satin Stylet
- (1) 20 GA Angiocath 3693
- (1 each) Oral Airways 80mm, 90mm, 100mm
- (1) Laryngoscope Handle
- Laryngoscope Blades (1 each)**
- Straight size 2
- Straight size 3
- Straight size 4
- Curved size 2
- Curved size 3
- Curved size 4
- (1) Plastic Bag
- (1) Goggles
- (2) Water soluble lubricant
- (1) Pair Gloves & Mask
- (1) Pilot Balloon Repair Kit

2nd Tray-

- (2) 10ml syringe
- (1) Aerosol Nebulizer
- (1) 0.5ml Raccipinepherine
- (5) Normal Saline
- (1) Bite Stick

(1 set) Spare Batteries for handle

(1) ABG Kit

Bottom-

- (1) Sterile Trach Set
- (1 each) Nasal Airways sizes 6, 7, 8 and 9
- (1 each) ET Tubes sizes 6.0, 6.5, 7.0, 8.0, 8.5 and 9.0
- (2 each) 7.5
- (1) Magil Forceps
- (1) Yankuer
- Suction Catheter Kits**
- (1) 10FR
- (1) 12FR
- (1) 14FR
- (1) O₂ Tubing & Flowmeter
- (1) Aerosol Mask
- (1) Trach Tube Holder
- Glydescope for visualization during intubation
- Ventilators: (12) Galileo Gold/ASV (12) 7200
- (3) BIS monitors
- (3) Peripheral Nerve Stimulator (TOF)
- Portable Ultrasound for Central Line placement
- Central line Cart for placement of: TLC, Artline, Swan, Dialysis Access needs
- Chest Tube Cart: All supplies/Ct's for placement of CT
- Neuro Cart: All supplies for both Becker or Camino ICP and/or EVD placement
- (2) Camino Monitor
- (3) Vigileo Monitor for Precep Catheter (ScVO₂), Flotrac Sensor (C.O./SVV...)
- Esophageal Doppler (hemodynamic monitoring)
- (1) Edwards Monitor for SVO₂, CCO monitoring
- Reverse Isolation Room (1)
- Pyxis Medication delivery system
- Vocera Communication devices on all staff
- Cortrak: Enteral Feeding
- (4) Doppler for PV assessment
- (1) Bladder Scanner

- Intra-abdominal pressure monitoring capabilities
- Artic Sun for therapeutic hypothermia
- Bair Hugger

Stock Room with Available Supplies:

- Vein Cut Down Tray
 - Bronch Tray
 - Tracheostomy Tray
 - Thoracostomy Tray
 - Bone Marrow Biopsy Tray
 - Lumbar Puncture Tray
 - Blanket warmer
-

Community Hospital East Critical Care Scheduling Guidelines

Floating:

Order to float: RT, PRN, these float first before OT/OC is cancelled. When overstaffing occurs and all staff members on the shift are on regularly scheduled hours, staff will be encouraged to move to fill needs on the schedule. If staff is released because of low census or overstaffing, they will be floated if you are unable to move to fill a need.

Regular staff is floated according to float list (located in data collection book); floating will not be required by a RN who has less than 6 months experience. It is your responsibility to update the float list.

When overstaffed due to low census or low acuity, staff scheduled OT/OC will be given the option to float. If floating is declined, you will be cancelled or put on call. You will be encouraged to float to fill needs. This option is only for the OC/OT day signed up for. If you float it counts as a float.

Cancel:

Order to cancel: Overtime (OT) plus bonus, Staff Savers, Over commitment plus bonus, Resource Team (RT), Over-commitment hours (OC), then regular staff will be cancelled. First request will be considered first after OT is canceled. It is your responsibility to record Cancel time in data collection book. PRN staff is cancelled first if no regular staff wants "C" time. Canceled OT or OC hours do not get credited in the cancel/float book. ~~Canceled hours that are part of your FTE should be recorded in the book to ensure equity of census time.~~

When you are cancelled it does not take effect until the shift starts even though you are usually notified 2hrs before. You should be available until 30 minutes after the start of the shift. This will allow time to correct for any last minute sick calls or "no shows".

All cancels & floats should only occur in 4hr increments.

Staff at home due to cancel has the 1st option to stay cancelled or on call. Staff working 8 hr shifts will be given consideration on a day to day basis.

On Call:

When census or acuity are low at least one RN should be designated as "on call" for the department to support our Readiness to Serve plan to facilitate increasing census &/or acuity. When designated as "On Call" that employee must report to work within 60 minutes from the time they are called to report to work. "On Call" staff will receive "on call" pay in accordance with the corporate HR policy. Refusal to serve in the "on call" capacity or to come in when called will be counted as an **Unexcused Absence**.

Being cancelled only counts as C-time if you have been cancelled at least 4 hours; anything less does not count. (ie: Leaving 1 or 2 hours early due to low census or acuity doesn't count as C time in log book.)

*OT/OC us to be written in red on the schedule. OC/OT hrs that are cancelled do not count as C Time.

Payroll communication:

Employees must indicate in Time Detail Edit Book the hours they are to be paid for being on call, Census (time off without pay), or number of PTO hours desired. Employees should clock in to correct cost center if floating to a different unit. (CC list & instructions are posted above time clock). Employees should clock in to cost center 95111 if attending educational offerings, meetings, or orientation to assist with tracking these hours separately from patient care hours. A 30 minute lunch break is automatically deducted from your time. If you do not get a break you need to indicate this in the time detail book. However, all "no lunches" must be authorized by the charge nurse in the book.

Community Hospital East

Indianapolis, IN

APPLICATION FOR ISDH "IN THE ACS VERIFICATION PROCESS"

LEVEL III TRAUMA CENTER STATUS

SECTION 15

BLOOD BANK

"15. **Blood bank:** A blood bank must be available 24 hours per day with the ability to type and cross match blood products, with adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), platelets, cryoprecipitate and other proper clotting factors to meet the needs of injured patients."

NARRATIVE RESPONSE AND DISCUSSION

The requirements of section 15 are met with a copy of Community Hospital East (CHE) Blood Bank policies such as "Emergency Release of Blood", along with SOP Minimum Inventory. Our Laboratory Administrative Director and our Pathology Medical Director have executed letters affirming compliance with all requirements.



Community Health Network

June 17, 2014

William C VanNess II, MD – Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "in the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Chief Pathologist, Laboratory, and Blood Bank Medical Director. I am pleased to support Community Hospital East in the effort to complete the "in the process" Level III Trauma Center requirements. We will work together to continue to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

I further understand that my role is to ensure that Blood Bank Services are available twenty-four hours per day at Community Hospital East. This service includes the ability to type and cross-match blood products.

I confirm that we maintain an inventory of adequate amounts of packed red blood cells (PRBC), fresh frozen plasma (FFP), cryoprecipitate, and other proper clotting factors. We have a contract with the Indiana Blood Center to have platelets, and a wide variety of other blood products delivered to Community Hospital East when needed twenty-four hours per day. These are typically available to administer within 30 minutes to one hour.

Respectfully,

Anjali Godambe, D.O.
Laboratory Medical Director

Bahjat Chabenne, M.D.
Trauma Medical Director



Community Health Network

June 17, 2014

William C VanNess II, MD – Indiana State Health Commissioner
Indiana State Trauma Care Committee
Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204

Subject: Community Hospital East's Application for "in the ACS Verification Process" for Level III Trauma Center designation.

Indiana State Trauma Care Committee:

The purpose of this correspondence is to inform the committee that I serve in the role of Laboratory Manager. I am pleased to support Community Hospital East's effort to complete the "in the process" Level III Trauma Center Requirements. We will work together to demonstrate exemplary trauma care to achieve American College of Surgeons verification as a Level III Trauma Center within two calendar years.

I further understand that my role is to ensure that blood bank services are available twenty-four hours per day at Community Hospital East. We have a contract with the Indiana Blood Center to have platelets, cryoprecipitate, and a wide variety of other blood products delivered to Community Hospital East when needed twenty four hours per day.

Respectfully,

Kimacka Randle, MLS (ASCP) MSM
Laboratory Manager

Bahjat Chabenne M.D.
Trauma Medical Director



SERVICES AGREEMENT

PROVIDED BY:

Indiana Blood Center
3450 N. Meridian Street
Indianapolis, IN 46208

PROVIDED TO:

Community Hospital East
1500 Ritter Avenue
Indianapolis, IN 46219

This SERVICES AGREEMENT for blood services, blood product services, and/or related testing services is entered into this 1st day of July, 2013 ("Effective Date") by and between INDIANA BLOOD CENTER (hereinafter "Blood Center") and COMMUNITY HOSPITAL EAST (hereinafter "Client").

In consideration of the mutual covenants and agreements contained in this Agreement, the parties agree as follows:

I. APPENDICES, EXHIBITS AND RESOURCE MANUAL

- A. All Appendices and Exhibits and Addenda attached hereto are hereby incorporated into this agreement.
- B. The Customer Resource Manual for Laboratory Testing Services ("Customer Resource Manual"), which may be amended by the Blood center from time to time, referred to in this agreement, is hereby incorporated into this agreement.

II. SERVICES

- A. The Blood Center agrees to provide to the Client one or more of the services set forth in Appendices and the Client agrees to pay to the Blood Center the service fees provided for therein as selected below.
 - ☒ Blood Services and Blood Products Services and service as described and selected on Appendix A and Exhibits thereto
 - ☒ Testing Services and Testing Service Fees as described and selected on Appendix B and Exhibits thereto.
 - ☒ Appendix X Committed Volume
 - ☐ Addendum A to Services Agreement
- B. The Blood Center agrees to provide to the Client consultative services for all tests performed for the Client upon the request of a Client pathologist, or a staff member of the referring physician.
- C. Use of Third Party Laboratories
 - 1. The Blood Center may, in its reasonable discretion, use the services of other

qualified and licensed blood and blood products testing laboratories (individually referred to as "Third Party Laboratory" and collectively referred to as "Third Party Laboratories") to perform any or all of the blood testing services contemplated by this Agreement and as more specifically identified in the Customer Resource Manual.

2. The Blood Center shall maintain or cause its Third Party Laboratories to maintain, as applicable, current and valid government licenses, permits and approvals as required to perform the blood testing services identified in Section III(A).
3. The Blood Center shall ensure that, prior to performing any work, the Third Party Laboratory agrees in writing to be bound by all the terms and conditions of this Agreement to the same extent as if such Third Party Laboratory were the Blood Center. The Client shall be a third party beneficiary of any such agreement.

D. Billing and Payment:

1. The Blood Center shall give the Client thirty (30) calendar days written notice prior to effecting any change in the price/rate schedules for blood products, blood products services, and testing products and services.
2. The Blood Center shall invoice the Client at least monthly for all services rendered under this Agreement. All laboratory invoices shall identify the laboratory services rendered by patient name and/or identification code, and testing date.
3. The Client shall make the payment within thirty (30) calendar days of the invoice date.
4. The Client shall remit payments to:

**Indiana Blood Center
3848 Solutions Center
Chicago, IL 60677-3008**

This address should be used for all First Class Mail routed through the US Postal System. No courier mail should be sent to this address.

5. The Blood Center may assess the Client a late payment charge on any amount which remains unpaid after it is due, computed at the rate of one and one-half percent (1-1/2%) per month on the balance which remains unpaid or at the maximum rate permitted by law, whichever is less; provided, however, the Client shall not be assessed the late payment charge on amounts disputed in good faith if the Client provides the Blood Center with a detailed written description of any disputed amounts within ten (10) calendar days of the date of the invoice and pays undisputed amounts in a timely manner.

6. The Client shall reimburse the Blood Center its reasonable costs of collection, including attorney fees, in the event the Client defaults in the payment of any amounts due under this Agreement.
7. The Blood Center may assess additional service fees for additional testing of blood products required by standard of care, standard industry practice, and the FDA. All new FDA mandated tests will be invoiced to the Client with thirty (30) days notice.

III. COVENANTS

A. The Blood Center shall:

1. Fully comply with the terms and conditions of this Agreement.
2. Fully comply with all provisions of law applicable to the Blood Center;
3. Provide standard requisition and report forms, upon request, to the Client;
4. Pay the surcharge required under Indiana's Medical Malpractice Act of 1975, as amended, to the Department of Insurance and remain qualified as a Health Care Provider under said Act;
5. Keep in force at all times, during the performance of this Agreement, a policy or policies of insurance in an amount not less than that required of it as a qualified Health Care Provider by Indiana's Medical Malpractice Act of 1975, as amended;
6. Maintain professional liability insurance in the minimum amount of Five Million Dollars (\$5,000,000.00), in any combination of primary and excess amounts, for each occurrence;
7. Upon request, provide the Client with a certificate of insurance evidencing that the coverage described in sub-sections 4 and 5 has been obtained;
8. At all times, be licensed by the Food and Drug Administration (FDA), the State of Indiana, and applicable state health care agencies;
9. At all times, be accredited by the AABB (American Association of Blood Banks) and the American Society for Histocompatibility and Immunogenetics (ASHI);
10. Perform all services provided hereunder in conformity with the Customer Resource Manual, standard of care, and standard industry practices as set forth by the FDA, AABB, ASHI, and the Clinical Laboratory Improvement Amendments (CLIA); and
11. Upon request, make available to the Client during an on-site audit, quality control information and proficiency testing or manufacturing processes or practices

results pertaining to any testing done by the Blood Center.

B. The Client shall:

1. Fully comply with the terms and conditions of this Agreement.
2. Fully comply with all applicable provisions of law relating to the licensing and regulation of like health care organizations, blood services and laboratories;
3. Upon request, provide the Blood Center with a certificate of insurance evidencing a policy or policies of insurance, in an amount not less than that required of it under applicable law; and
4. Fully comply with all provisions of law applicable to the Client.

IV. TERM

- A. Except as otherwise provided in this Agreement, the initial term of this Agreement shall be for a period of three (3) years commencing on the Effective Date. Pricing will remain firm for the first one (1) year of this Agreement. The pricing for the subsequent years may be increased by a maximum of 3% each year. The Blood Center will notify the client thirty (30) days prior of any price increase(s) for any product, panel or individual test(s) listed in Exhibit A-1 and Appendix X.
- B. Except as otherwise provided in this Agreement, either party may terminate this agreement by providing one-hundred eighty (180) calendar days written notice to the other party.
- C. Either party may terminate this agreement upon an event of default by the other party by giving ten (10) calendar days written notice to the defaulting party, and provided such event of default is not cured within the ten (10) calendar day notice period.
- D. Either party may terminate this Agreement, effective immediately upon giving written notice, if the other party is the subject of a criminal investigation by the FDA or any other governmental or regulatory agency.

V. EVENTS OF DEFAULT

- A. If any one or more of the following events shall occur and be continuing, it is here defined as and declared to constitute an "event of default" or "default" under this agreement:
 1. failure of the Client to make any payments when due;
 2. failure to perform any Covenant in this agreement;
 3. material breach of any covenant, representation or warranty provided by the

defaulting party under this agreement;

4. either party files a petition in bankruptcy, is adjudicated bankrupt or takes advantage of the insolvency laws of any jurisdiction, makes an assignment for the benefit of its creditors, is voluntarily or involuntarily dissolved or has a receiver, trustee or other court officer appointed with respect to its property; or
5. either party is the subject of a criminal investigation by the FDA or any other governmental or regulatory agency.

VI. MISCELLANEOUS PROVISIONS

- A. Limitation of Liability. The Client acknowledges that the results of immunological and serological tests, even when properly performed by the Blood Center or its Third Party Laboratories, cannot be guaranteed or warranted by the Blood Center because of the occurrences of false positives or false negatives. The Blood Center does not, therefore, guarantee or warrant such tests.
- B. Independent Contractor. It is understood by the parties that each party is an independent contractor with respect to the other party, and that each party and its employees are not an employee, agent, partner of, or joint venturer of the other party. This Agreement is not intended to constitute an agreement of hiring under the provisions of any Workers Compensation or unemployment compensation law, any local, state or federal employment law or any similar law, and it shall not be so construed. Each party agrees to accept full and exclusive liability for the payment of contributions or taxes including, without limitation, unemployment compensation contributions and local, state and federal withholding taxes, imposed under such laws by the federal and state government which are measured by remuneration which paid to such party's employees.
- C. Force Majeure. The Blood Center shall use its best efforts to provide the blood services, blood product services, and blood testing services requested by Client, but the Blood Center shall not be liable for non-performance or delays or damages arising from such if caused by events beyond the Blood Center's control including, but not limited to, a shortage of supply of raw materials, manufacturing, delivery, acts of regulatory agencies, discontinuance of necessary products or unavailability of a service, war, riot, acts of God, or acts of public enemies.
- D. Non-Discrimination. The Blood Center and the Client both agree not to discriminate in any way on the basis of race, color, sex, religion, national origin, or disability and that each of them otherwise uphold the laws of their state.
- E. Omnibus Reconciliation Act of 1980 (P.L. 96-499) codified at 42 U.S.C. § 1395x(v)(1). In the event compensation payable hereunder shall exceed Ten Thousand Dollars (\$10,000.00) per annum, the Blood Center hereby agrees to make available to the Secretary of Health and Human Services (HHS), the Comptroller General of the US General Accounting Office (GAO), or their authorized

representatives, all contracts, books, documents, and records relating to the nature and extent of the costs hereunder for a period of four (4) years after the furnishing of services hereunder. In addition, the Blood Center hereby agrees, if services are to be provided by subcontract with a related organization, to require by contract that such subcontractor make available to the HHS and GAO, or their authorized representatives, all contracts, books, documents, and records relating to the nature and extent of the costs thereunder for a period of four (4) years after the furnishing of services thereunder.

- F. Health Insurance Portability and Accountability Act (HIPAA) Compliance. Blood Center agrees that any products or services provided under this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to the Blood Center with respect to the services to Client under this Agreement, including but not limited to regulations promulgated under Title II Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) ("HIPAA"). Furthermore, Blood Center and Client shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which Blood Center is subject now or in the future including, without limitation, the Standards for Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that Blood Center is, at all times, in conformance with all Laws with respect to Client. If within 90 calendar days of either party first providing notice to the other party of the need to amend the Agreement to comply with Laws, the parties, acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement upon 30 calendar days prior written notice to the other party. Blood Center shall mandate Blood Center's subcontractor, if any, comply with the requirements of this section.
- G. Legislative Limitations. In the event federal, state or local laws, rules or regulations at any time during the term of this Agreement prohibit, restrict, or in any way substantially change the method of reimbursement for services under this Agreement, then this Agreement shall, in good faith, be amended by the parties to provide for payment or compensation in a manner consistent with any such prohibition, restriction, or limitation. However, such legislative limitations shall not affect the standard price/rate schedule for services under this Agreement. If this Agreement is not amended prior to the effective date of such rule, regulation or interpretation, this Agreement shall terminate as of such effective date.
- H. Confidentiality. Neither party shall knowingly disclose any information developed or generated pursuant to performance under this Agreement without the other party's prior written consent, including the terms of the Agreement itself, except when compelled to do so by law. Further, the Blood Center shall not knowingly communicate directly with any Client customer or consignee. This confidentiality and non-disclosure provision shall survive termination of this Agreement.